Standard Form 1199A (Rev. June 1987) Prescribed by Treasury Department Treasury Dept. Cir. 1076

PRINT BRANCH REPRESENTATIVE NAME

ČSOB CONTROL OFFICE

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QMB No. 1510-0007

FROST SIGN-UP FORM

	10	DIRECTIONS
		,
A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS
100000000000000000000000000000000000000	70	E DEPOSITOR ACCOUNT NUMBER (To be completed by bank)
ADDRESS (street, route, P.O. Box, APO/F	PO)	4 2 0 0 0 0 0 0
CITY STATE	ZIP CODE	F TYPE OF PAYMENT (To be completed by the Embassy)
TELEPHONE NUMBER		Social Security Fed Salary/Mil. Civilian Pay Supplemental Security Income Mil. Active
AREA CODE 011.420.		Railroad Retirement Mil. Retire
B NAME OF PERSON(S) ENTITLED TO PAY	/MENT (first_initial_las)	Civil Service Retirement (OPM) Mil. Survivor VA Compensation or Pension Other:
	((specify)
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (not applicable)
Due fire	0#	TYPE AMOUNT NOT APPLICABLE NOT APPLICABLE
Prefix PAYEE/JOINT PAYEE CERTIF	Suffix ICATION	JOINT ACCOUNT HOLDERS' CERTIFICATION (not an option)
I certificate that I am entitled to the payment ide have read and understood the back of this for authorize my payment to be sent to the financia	m. In signing this form I	I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.
to be deposited to the designated account.		
SIGNATURE	DATE	SIGNATURE DATE NOT APPLICABLE NOT APPLICABLE
SIGNATURE	DATE	SIGNATURE DATE
NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE NOT APPLICABLE
	CTION 2 (TO BE CO	OMPLETED BY THE EMBASSY)
GOVERNMENT AGENCY NAME		GOVERNMENT AGENCY ADDRESS
SECTION	N 2 /TO DE COMPI	ETED DV EINANICIAL INICTITUTIONI\
NAME AND ADDRESS OF FINANCIAL INSTIT		LETED BY FINANCIAL INSTITUTION) ROUTING NUMBER CHECK
Československá obchodní banka a.s.		DIGIT
THROUGH THE BANK OF NEW YORK		
6023 AIRPORT ROAD ORISKANY, NY 13424		DEPOSIT ACCOUNT TITLE
ATTN. ACH DEPARTMENT		
	FINANCIAL INST	TITUTION CERTIFICATION
		ber and title. As representative of the above-named financial institution, Icertify that led above in accordance with 31 CFR Parts 240, 209, and 210.

Financial institutions should refer to the GREEN BOOK for further instructions.

TELEPHONE NUMBER

TELEPHONE NUMBER

DATE

DATE

BRANCH SIGNATURE REPRESENTATIVE

ČSOB SIGNATURE

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

NSN 7540-01-058-0224 1199-207