



**Direct Deposit Request Form**

**Security Description:**

Certificate Number: \_\_\_\_\_  
CUSIP Number: \_\_\_\_\_  
Current Registered Holder: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number : \_\_\_\_\_

**Security Payments should be made by:**

For timely deposit of funds to your account, we recommend automatic transfer of funds through direct deposit.

Full name of Depository Institution (Bank): \_\_\_\_\_

Routing and Transit Number of Bank (nine digits): \_\_\_\_\_

Bank Account Type: Checking Account Number \_\_\_\_\_

Savings Account Number \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this completed form to:**

**Office of the Registrar  
Freddie Mac  
1551 Park Run Drive, MS D5N  
McLean, Virginia 22102**