

# INACTIVE - ALL ITEMS SUPERSEDED OR OBSOLETE

Schedule Number: NC1-047-78-09

All items in this schedule are inactive. Items are either obsolete or have been superseded by newer NARA approved records schedules.

Description:

Superseded by NC1-047-81-19, item 5I (five-el).

Date Reported: 12/28/2021

# INACTIVE - ALL ITEMS SUPERSEDED OR OBSOLETE

REQUEST FOR RECORDS DISPOSITION AUTHORITY  
(See Instructions on reverse)

LEAVE BLANK	
JOB NO	NC1 47 78 9
DATE RECEIVED	1 FEB 1978
NOTIFICATION TO AGENCY	
In accordance with the provisions of 44 U.S.C. 3303a the disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10	
2-6-78 Date	James R. [Signature] Archivist of the United States

TO: GENERAL SERVICES ADMINISTRATION,  
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408

1. FROM (AGENCY OR ESTABLISHMENT)  
Department of Health, Education, and Welfare

2. MAJOR SUBDIVISION  
Social Security Administration

3. MINOR SUBDIVISION  
Office of Program Operations

4. NAME OF PERSON WITH WHOM TO CONFER  
George S. Yamamura

5. TEL EXT  
594-5770

6. CERTIFICATE OF AGENCY REPRESENTATIVE

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records; that the records proposed for disposal in this Request of 1 page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified.

- A Request for immediate disposal.
- B Request for disposal after a specified period of time or request for permanent retention.

C. DATE <u>1/18/78</u>	D. SIGNATURE OF AGENCY REPRESENTATIVE 	E. TITLE <u>SSA Records Officer</u>
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7. ITEM NO.	8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)	9. SAMPLE OR JOB NO	10. ACTION TAKEN
<u>1</u>	<p>Form SF-1199, Authorization for Deposit of Social Security Payments</p> <p>This is a three-part form used to obtain recipient's authorization for SSA to change the check payee to a financial organization and to direct the check to the address of that financial organization. It also confirms the organization's agreement to act as agent for the recipient. The recipient and financial organization each receive a copy of the form.</p> <p>Destroy 3 months after systems input and acceptance.</p>		

*[Handwritten Signature]*  
SSA, Records Officer