INSTRUCTIO	NS	 (a) Complete one form for each sa (b) Employee is to initiate this form (c) Employee is to complete part A (d) Financial organization is to com 	i. in triplicate.	·	e) Employee is to dist	ribute copies as designated.		
Standard Form (Rev. 3-82) Department of the I TFM 3-900) Treasury					OF PAY FOR CREDIT		
11110-900						(2) Social Security Number		
	(3) Home Address							
TO BE	(4) Agency (Include also Bureau, Division, Branch or other designation of employing organization)							
COMPLETED	You are hereby authorized, in accordance with 31 CFR part 209, subject to all the conditions stated on this document, to take the action re below with respect to deductions from salaries or wages due me in the amount specified below which are for remittance to the financial orga designated below, for credit to my savings account. Action will be effective within the next two full pay periods and deductions will contin canceled by me in writing.							
BY	(5) Action reque	sted on Allotment ("X" one and f	ïll in amount)					
EMPLOYEE	Initiate \$		Increa	ase from \$	to \$			
(A)	Cancel \$	Decre	ease from \$	to \$				
		or a new or decreased allotment mus e submitted directly to the employing		by the financial	organization. An autho	prization to increase of cancel an		
	(6) Allotment to Be Sent To <i>(name of financial organization)</i>							
	(7) Signature of	Employee		ee's Savings A al Organization	Account No. At n	(9) Date Submitted to Agency		
	(10) We, the above-designated financial organization, hereby agree to act as agent of the above-named Government employee in the capacity indicated and to accept as our expense, such service charge, at the rate established in regulations of the Department of the Treasury, as will be deducted from the amount remitted to us. Our complete account number for the savings account to be credited is inserted in Block No. (8), so as to be included on records accompanying remittances. THE FINANCIAL ORGANIZATION WILL CHECK WHICHEVER OF THE FOLLOWING PROVISIONS IS APPLICABLE							
TO BE COMPLETED	The address in Block No. (12) is the single point in this financial organization which is to receive remittances for all allotments of pay of Government employees designating this financial organization. Our "employer identification number" (same as the tax identification number assigned by Internal Revenue Service) is inserted in Block No. (11).							
BY	We can agree to act as agent of the above-named person in the capacity indicated only if remittances are forwarded to our respective branch office where the savings account is							
FINANCIAL	maintained. The related branch office for this allotment of pay is identified by the parenthetical suffix inserted with our "employer identification number" (same as the tax identification number assigned by Internal Revenue Service) in Block No. (11) coordinate with the address shown in Block No. (12).							
ORGANIZATION	(12) Address of Financial Organization							
(B)	(a) Street							
	(b) City			(c) State		(d) Zip Code		
	(13) Authorized	Signature		(14) Title		(15) Date		
ATTENTION EMPLOYEE	Agency payroll offices and disbursing offices operate within rigid time schedule to assure timely delivery of checks for net pay on the established payday and there will be no change in this emphasis. As requested above, the amount allotted will be deducted from your salaries or wages and will be remitted by the disturbing office, as soon as practicable, to the designated recipient. It should be understood that such remittance may be received by the recipient later than the regular payday-possibly 3 or 4 business days later.							
AND	PRIVACY ACT STATEMENT 5 USC 5525 permits Federal agencies to collect this information. Executive Order 9397 allows Federal agencies to use							
FINANCIAL ORGANIZATION	the Social Security number as an individual identifier to avoid confusion caused by employees with the same of similar names. the information furnished on this form is confidential and is needed to provide entitlement to the benefits of the financial arrangement authorized by the authority cited. The information will be used to process the payment data from the Government agency to the recipient. Failure to provide the information requested							
	may affect the entitlement to such benefits.							
AUTHORIZED FOR LOC	AL REPRODUCTIC	IN PREVIO	OUS EDITION L	JSABLE				

INSTRUCTIONS (a) Complete one form for each savings account. (e) Employee is to distribute copies as designated. INSTRUCTIONS (b) Employee is to initiate this form. (c) Employee is to complete part A in triplicate. (d) Financial organization is to complete part B in triplicate.								
Standard Form (Rev. 3-82) Department of the I TFM 3-900				OF PAY FOR CREDIT				
	(1) Name of Employee (As stated on payroll)	(2) Social Security Number						
	(3) Home Address							
TO BE	(4) Agency (Include also Bureau, Division, Branch or other designation of employing organization)							
COMPLETED	You are hereby authorized, in accordance with 31 CFR part 209, subject to all the conditions stated on this document, to take the action requested below with respect to deductions from salaries or wages due me in the amount specified below which are for remittance to the financial organization designated below, for credit to my savings account. Action will be effective within the next two full pay periods and deductions will continue until canceled by me in writing.							
BY	(5) Action requested on Allotment ("X" one and fill in amount)							
EMPLOYEE	Initiate \$ Increase from \$							
(A)	Cancel \$							
	An authorization for a new or decreased allotment must be completed by the financial organization. An authorization to increase of cancel an allotment should be submitted directly to the employing agency.							
	(6) Allotment to Be Sent To (name of financial organization)							
	(7) Signature of Employee	(8) Employee's Sa Financial Orga	vings Account No. At hization	(9) Date Submitted to Agency				
	(10) We, the above-designated financial organization, hereby agree to act as agent of the above-named Government employee in the capacity indicated and to accept as our expense, such service charge, at the rate established in regulations of the Department of the Treasury, as will be deducted from the amount remitted to us. Our complete account number for the savings account to be credited is inserted in Block No. (8), so as to be included on records accompanying remittances. THE FINANCIAL ORGANIZATION WILL CHECK WHICHEVER OF THE FOLLOWING PROVISIONS IS APPLICABLE							
TO BE	The address in Block No. (12) is the single point in this financial organization which is to receive remittances for all allotments of pay of Government employees designating this financial organization. Our "employer identification number" (same as the tax identification							
COMPLETED	number assigned by Internal Revenue Service) is inserted in Block No. (11). We can agree to act as agent of the above-named person in the capacity indicated only if							
BY	remittances are forwarded to our respective bran maintained. The related branch office for this	allotment of pay is	identified by the	(11) Employee Identification No.				
FINANCIAL	parenthetical suffix inserted with our "employer identification number" (same as the tax identification number assigned by Internal Revenue Service) in Block No. (11) coordinate with the address shown in Block No. (12).							
ORGANIZATION	(12) Address of Financial Organization							
(B)	(a) Street							
	(b) City	(c) Sta	ite	(d) Zip Code				
	(13) Authorized Signature	(14) T	itle	(15) Date				
ATTENTION EMPLOYEE	Agency payroll offices and disbursing offices operate within rigid time schedule to assure timely delivery of checks for net pay on the established payday and there will be no change in this emphasis. As requested above, the amount allotted will be deducted from your salaries or wages and will be remitted by the disturbing office, as soon as practicable, to the designated recipient. It should be understood that such remittance may be received by the recipient later than the regular payday-possibly 3 or 4 business days later.							
AND FINANCIAL ORGANIZATION	PRIVACY ACT STATEMENT 5 USC 5525 permits Federal agencies to collect this information. Executive Order 9397 allows Federal agencies to use the Social Security number as an individual identifier to avoid confusion caused by employees with the same of similar names. the information furnished on this form is confidential and is needed to provide entitlement to the benefits of the financial arrangement authorized by the authority cited. The information will be used to provide the payment data from the Government agency to the recipient. Failure to provide the information requested may affect the entitlement to such benefits.							

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INSTRUCTIONS		 (a) Complete one form for each savings account. (b) Employee is to initiate this form. (c) Employee is to complete part A in triplicate. (d) Financial organization is to complete part B in triplicate. 			e) Employee is to dist	ribute copies as designated.		
Standard Form (Rev. 3-82) Department of the I TFM 3-900) Treasury	•				OF PAY FOR CREDIT		
						(2) Social Security Number		
	(3) Home Address							
TO BE	(4) Agency (Include also Bureau, Division, Branch or other designation of employing organization)							
COMPLETED	You are hereby authorized, in accordance with 31 CFR part 209, subject to all the conditions stated on this document, to take the action requested below with respect to deductions from salaries or wages due me in the amount specified below which are for remittance to the financial organization designated below, for credit to my savings account. Action will be effective within the next two full pay periods and deductions will continue until canceled by me in writing.							
BY		sted on Allotment ("X" one and fill	l in amount)					
EMPLOYEE	Initiate \$		Increa	ase from \$	to \$			
(A)	Cancel \$ Decrease from \$			to \$				
	An authorization for a new or decreased allotment must be completed by the financial organization. An authorization to increase of cancel an allotment should be submitted directly to the employing agency.							
	(6) Allotment to Be Sent To (name of financial organization)							
	(7) Signature of	Employee		ee's Savings A al Organizatio	Account No. At	(9) Date Submitted to Agency		
	(10) We, the above-designated financial organization, hereby agree to act as agent of the above-named Government employee in the capacity indicated and to accept as our expense, such service charge, at the rate established in regulations of the Department of the Treasury, as will be deducted from the amount remitted to us. Our complete account number for the savings account to be credited is inserted in Block No. (8), so as to be included on records accompanying remittances.							
	THE FINANCIAL ORGANIZATION WILL CHECK WHICHEVER OF THE FOLLOWING PROVISIONS IS APPLICABLE							
TO BE COMPLETED	The address in Block No. (12) is the single point in this financial organization which is to receive remittances for all allotments of pay of Government employees designating this financial organization. Our "employer identification number" (same as the tax identification number explored by the rest of th							
BY	number assigned by Internal Revenue Service) is inserted in Block No. (11). We can agree to act as agent of the above-named person in the capacity indicated only if							
FINANCIAL	remittances are forwarded to our respective branch office where the savings account is maintained. The related branch office for this allotment of pay is identified by the parenthetical suffix inserted with our "employer identification number" (same as the tax identification number assigned by Internal Revenue Service) in Block No. (11) coordinate with the address shown in Block No. (12).							
ORGANIZATION		Financial Organization						
(B)	(a) Street							
	(b) City			(c) State		(d) Zip Code		
	(13) Authorized	Signature		(14) Title		(15) Date		
ATTENTION	Agency payroll offices and disbursing offices operate within rigid time schedule to assure timely delivery of checks for net pay on the established payday and there will be no change in this emphasis. As requested above, the amount allotted will be deducted from your salaries or wages and will be remitted by the disturbing office, as soon as practicable, to the designated recipient. It should be understood that such remittance may be received by the recipient later than the regular paydaypossibly 3 or 4 business days later.							
EMPLOYEE								
AND	PRIVACY ACT STATEMENT 5 USC 5525 permits Federal agencies to collect this information. Executive Order 9397 allows Federal agencies to use							
FINANCIAL ORGANIZATION	the Social Security number as an individual identifier to avoid confusion caused by employees with the same of similar names. the information furnished on this form is confidential and is needed to provide entitlement to the benefits of the financial arrangement authorized by the authority cited. The information will be used to process the payment data from the Government agency to the recipient. Failure to provide the information requested							
	may affect the entitlement to such benefits. OCAL REPRODUCTION PREVIOUS EDITION USABLE							

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