

ACCESSION CHECKLIST

Soldier's Name: _____

Soldiers who are coming from MEPS, prior Active Service, Reserve or National Guard coming on to the Active Component Army must submit the following documents to Finance NO LATER THAN 5 DAYS after signing in for duty so that we can establish an Active Component Pay Record. Failing to comply will result in a NO PAY DUE.

Documents Soldier Must Provide to Finance:

Monday-Friday AFTER 1300

DO NOT DATE ANY DOCUMENTS UNTIL YOU SEE FINANCE

- _____ Orders to Active Duty and Pinpoint if available
- _____ Travel Voucher (attached)
- _____ DD Form 2058- State of Legal Residence (attached)
- _____ W-4 Form (attached)
- _____ DA Form 5960 (attached)
- _____ DA Form 3685- Pay Option (attached)
- _____ SF Form 1199- Direct Deposit (attached)
- _____ DD Form 1506 (Statement of Service) This can be obtained from the Military Personnel Office, Room 270 on the 2nd floor, wing D at the Soldier Support Center
- _____ Marriage License
- _____ Copy of current Active Duty ID Card (front and back) or other photo ID (front and back)
- _____ Separation leave record from the Reserves or National Guard (if transferring leave)

Complete packet turned into Finance on: _____

Processed by: _____

For questions please contact the Finance In-Processing Section, 1st floor, Wing "J" at the Soldier Support Center @910-396-2909

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.

| | | | |
|--|--|---|--|
| 1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check | | SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government. | |
| | | Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ | |

| | | | | | |
|--|--|-----------------|---------------|--|---|
| 2. NAME (Last, First, Middle Initial) (Print or type) | | 3. GRADE | 4. SSN | 5. TYPE OF PAYMENT (X as applicable) | |
| | | | | <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) | <input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA |

| | | | | |
|---|--|---------|----------|-------------|
| 6. ADDRESS: a. NUMBER AND STREET | | b. CITY | c. STATE | d. ZIP CODE |
| e. E-MAIL ADDRESS | | | | |

| | | | |
|--|---|---|------------------------------|
| 7. DAYTIME TELEPHONE NUMBER & AREA CODE | 8. TRAVEL ORDER/AUTHORIZATION NUMBER | 9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES | 10. FOR D.O. USE ONLY |
| | | | a. D.O. VOUCHER NUMBER |
| 11. ORGANIZATION AND STATION | | | b. SUBVOUCHER NUMBER |

| | | | |
|--|-----------------|--|--|
| 12. DEPENDENT(S) (X and complete as applicable) | | 13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) | |
| <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED | | | |
| a. NAME (Last, First, Middle Initial) | b. RELATIONSHIP | c. DATE OF BIRTH OR MARRIAGE | |

| | | | |
|--|--|------------------------|--|
| 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) | | d. COMPUTATIONS | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks) | | | |

| | | | | | |
|----------------------|---|--|--------------------------|--------------------|-----------------|
| 15. ITINERARY | | | | | |
| a. DATE | b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) | | c. MEANS/ MODE OF TRAVEL | d. REASON FOR STOP | e. LODGING COST |
| DEP | | | | | |
| ARR | | | | | |
| DEP | | | | | |
| ARR | | | | | |
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| DEP | | | | | |
| ARR | | | | | |

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|--|--|---|--|---|--|
| 16. POC TRAVEL (X one) | | 17. DURATION OF TRAVEL | | a. SUMMARY OF PAYMENT | |
| <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER | | 12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 24 HOURS | | (1) Per Diem (2) Actual Expense Allowance (3) Mileage | |

| | | | | | |
|----------------------------------|----------------------|-----------|------------|-----------------------------|--|
| 18. REIMBURSABLE EXPENSES | | | | (4) Dependent Travel | |
| a. DATE | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED | (5) DLA | |
| | | | | (6) Reimbursable Expenses | |
| | | | | (7) Total 0.00 | |
| | | | | (8) Less Advance | |
| | | | | (9) Amount Owed 0.00 | |
| | | | | (10) Amount Due | |

| | | | |
|--|-----------------|---------|-----------------|
| 19. GOVERNMENT/DEDUCTIBLE MEALS | | | |
| a. DATE | b. NO. OF MEALS | a. DATE | b. NO. OF MEALS |
| | | | |
| | | | |

| | | | |
|---|--|---------------------|----------------------------|
| 20. a. CLAIMANT SIGNATURE | | b. DATE | |
| | | | |
| c. REVIEWER'S PRINTED NAME | | d. SIGNATURE | e. TELEPHONE NUMBER |
| | | | |
| 21. a. APPROVING OFFICIAL'S PRINTED NAME | | b. SIGNATURE | c. TELEPHONE NUMBER |
| | | | |

| | |
|--|--|
| 22. ACCOUNTING CLASSIFICATION | |
| Travel by (1 POV) (2 POV) Did you do HRAP? (Yes No) | |
| Married to Service Member? (Yes No) If yes... Spouse SSN Spouse Current Duty Location: | |

| | | | |
|---|-----------------------|--|---|
| 23. COLLECTION DATA | | | |
| I agree to opt-in to receive text messaging alerts I accept that data rates may apply Provide Carrier | | | |
| 24. COMPUTED BY | 25. AUDITED BY | 26. TRAVEL ORDER/ AUTHORIZATION POSTED BY | 27. RECEIVED (Payee Signature and Date or Check No.) |
| | | | |
| | | | 28. AMOUNT PAID |
| | | | |

STATE OF LEGAL RESIDENCE CERTIFICATE**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

AUTHORITY: Tax Reform Act of 1976, Public Law 94-455.

PURPOSE: Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.

ROUTINE USES: Information herein will be furnished State authorities and to Members of Congress.

MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.

NAME (Last, first, middle initial)

SOCIAL SECURITY NUMBER (SSN)

LEGAL RESIDENCE/DOMICILE (City or county and State)

INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE

The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.

The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.

You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.

Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.

The formula for changing your State of legal residence/domicile is simply stated as follows: physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile.

In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.

Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.

I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.

I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.

SIGNATURE

CURRENT MAILING ADDRESS (Include ZIP Code)

DATE

Employee's Withholding Certificate

OMB No. 1545-0074

2021

- ▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

| | | | |
|---|--|-----------|--|
| Step 1: Enter Personal Information | (a) First name and middle initial | Last name | (b) Social security number |
| | Address | | ▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov . |
| | City or town, state, and ZIP code | | |
| | (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

| | | | |
|---|---|----------|----------------|
| Step 3: Claim Dependents | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): | | |
| | Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ | | |
| | Multiply the number of other dependents by \$500 ▶ \$ | | |
| | Add the amounts above and enter the total here | 3 | \$ |
| Step 4 (optional): Other Adjustments | (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income | | 4(a) \$ |
| | (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here | | 4(b) \$ |
| | (c) Extra withholding. Enter any additional tax you want withheld each pay period . | | 4(c) \$ |
| | | | |

| | | | |
|------------------------------------|--|--|---------------|
| Step 5: Sign Here | Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. | | |
| | ▶ Employee's signature (This form is not valid unless you sign it.) | | ▶ Date |

| | | | |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|
| Employers Only | Employer's name and address | First date of employment | Employer identification number (EIN) |
| | | | |

| AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ), AND/OR VARIABLE HOUSING ALLOWANCE (VHA) <small>For use of this form, see AR 37-104-4; the proponent agency is ASA (FM)</small> | | | | PRIVACY ACT STATEMENT | | | | | | | | | | | | | | | |
|---|---|--|--------|---|---|---|--------|---|---|--------------------|--|--|--|--|--|--|--|---|---|
| 1. NAME (Last, First, MI) 2. SOCIAL SECURITY NUMBER 3. GRADE 4. TYPE OF ACTION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">START</td> <td style="width: 25%; text-align: center;">CANCEL</td> <td style="width: 25%; text-align: center;">CHANGE</td> <td style="width: 25%; text-align: center;">REPORT</td> </tr> <tr> <td style="text-align: center;">CORRECT</td> <td style="text-align: center;">STOP</td> <td colspan="2" style="text-align: center;">RECERTIFICATION</td> </tr> </table> | | | | START | CANCEL | CHANGE | REPORT | CORRECT | STOP | RECERTIFICATION | | AUTHORITY: 37 USC 403; Public Law 96-343; EO 9397. PRINCIPLE PURPOSE: To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA). ROUTINE USE: To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components; other federal agencies such as IRS, Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification. DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN. | | | | | | | |
| START | CANCEL | CHANGE | REPORT | | | | | | | | | | | | | | | | |
| CORRECT | STOP | RECERTIFICATION | | | | | | | | | | | | | | | | | |
| 5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code) | | | | 6. DATE/ACTION (YYMMDD) | | 7. BAQ TYPE | | | | | | | | | | | | | |
| | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%; text-align: center;">WITH DEPENDENTS</td> <td style="width: 25%; text-align: center;">PARTIAL</td> </tr> <tr> <td style="text-align: center;">WITHOUT DEPENDENTS</td> <td></td> </tr> </table> | | WITH DEPENDENTS | PARTIAL | WITHOUT DEPENDENTS | | | | | | | | | |
| WITH DEPENDENTS | PARTIAL | | | | | | | | | | | | | | | | | | |
| WITHOUT DEPENDENTS | | | | | | | | | | | | | | | | | | | |
| 8. MARITAL/DEPENDENCY STATUS | | | | 9. QUARTERS ASSIGNMENT/AVAILABILITY | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> a. SINGLE</td> <td style="width: 25%;"><input type="checkbox"/> b. MARRIED (see blocks (1), (2) & (3))</td> <td style="width: 25%;"><input type="checkbox"/> c. DIVORCED (see blocks (1), (2) & (3))</td> <td style="width: 25%;"></td> </tr> <tr> <td><input type="checkbox"/> d. LEGALLY SEPARATED (see blocks (1), (2) & (3))</td> <td colspan="3"><input type="checkbox"/> e. DEPENDENT CHILD (see blocks (4), (5) & (6))</td> </tr> </table> | | | | <input type="checkbox"/> a. SINGLE | <input type="checkbox"/> b. MARRIED (see blocks (1), (2) & (3)) | <input type="checkbox"/> c. DIVORCED (see blocks (1), (2) & (3)) | | <input type="checkbox"/> d. LEGALLY SEPARATED (see blocks (1), (2) & (3)) | <input type="checkbox"/> e. DEPENDENT CHILD (see blocks (4), (5) & (6)) | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> a. ADEQUATE (see block (1))</td> <td style="width: 50%;"><input type="checkbox"/> b. INADEQUATE (see blocks (1), (2) & (4))</td> </tr> <tr> <td><input type="checkbox"/> c. TRANSIENT (see block (3))</td> <td><input type="checkbox"/> d. NOT AVAILABLE</td> </tr> </table> | | | | <input type="checkbox"/> a. ADEQUATE (see block (1)) | <input type="checkbox"/> b. INADEQUATE (see blocks (1), (2) & (4)) | <input type="checkbox"/> c. TRANSIENT (see block (3)) | <input type="checkbox"/> d. NOT AVAILABLE |
| <input type="checkbox"/> a. SINGLE | <input type="checkbox"/> b. MARRIED (see blocks (1), (2) & (3)) | <input type="checkbox"/> c. DIVORCED (see blocks (1), (2) & (3)) | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> d. LEGALLY SEPARATED (see blocks (1), (2) & (3)) | <input type="checkbox"/> e. DEPENDENT CHILD (see blocks (4), (5) & (6)) | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> a. ADEQUATE (see block (1)) | <input type="checkbox"/> b. INADEQUATE (see blocks (1), (2) & (4)) | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> c. TRANSIENT (see block (3)) | <input type="checkbox"/> d. NOT AVAILABLE | | | | | | | | | | | | | | | | | | |
| (1) Spouse/Former Spouse SSN | | (2) Spouse/Former Spouse Duty Station | | (3) Date of Marriage, Divorce/Separation | | (1) QUARTERS NO. _____ | | | | | | | | | | | | | |
| | | | | | | (2) FAIR RENTAL VALUE \$ _____ | | | | | | | | | | | | | |
| (4) Child In Custody of: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Former Spouse <input type="checkbox"/> Other | | | | (3) FROM: _____ TO: _____ | | | | | | | | | | | | | | | |
| (5) If you check "OTHER" above, prepare DD Form 137 to establish dependency. | | | | (4) <input type="checkbox"/> MEMBER ELECTION (Member in grade E7 and above) <input type="checkbox"/> COMMANDER DETERMINATION (Attached) | | | | | | | | | | | | | | | |
| (6) If child support received from another military member, complete (1), (2) & (3). | | | | | | | | | | | | | | | | | | | |
| 10. DEPENDENTS/SHARERS (Continue on back if required) | | | | | | | | | | | | | | | | | | | |
| NAME OF DEPENDENT/SHARER | | COMPLETE CURRENT ADDRESS (Include ZIP Code) | | RELATIONSHIP | | DOB OF CHILDREN | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| 11. CERTIFICATION OF DEPENDENT SUPPORT | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> I certify that I provide, or am will to provide adequate support for the above named dependents. I am aware that failure to support the above named dependents may result in stopping BAQ and recouping BAQ for any prior periods/non-support. | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> IAW service regulations, I certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ, has not changed so as to affect my entitlement thereto for the period _____ | | | | | | | | | | | | | | | | | | | |
| 12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON | | | | | | | | | | | | | | | | | | | |
| My permanent duty station: | | My dependent's location: | | Both my permanent duty station and dependent's location. | | | | | | | | | | | | | | | |
| a. Monthly Expenses: | | Member | | Dependent | | b. Sharer/Lease Information | | | | | | | | | | | | | |
| (1) Mortgage (PITI) or Rent | | | | | | (1) Rental/Residential Address: | | | | | | | | | | | | | |
| (2) Insurance | | | | | | (1) Landlord's Name and Address: | | | | | | | | | | | | | |
| (3) Other | | | | | | (2) Effective Date: (3) Expiration Date: (2) Landlord's Phone No. | | | | | | | | | | | | | |
| TOTALS | | | | | | (4) Number of Sharers (show name(s) and address in block 10.) | | | | | | | | | | | | | |
| I certify ALL information regarding this authorization is correct. I will immediately notify the FAO/HRO of any changes in the information above, due to divorce, marriage, death, living in government quarters etc, which could affect by BAQ or VHA entitlement. IMPORTANT: Making a false statement or claim against the US Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for 5 years, or both. | | | | | | | | | | | | | | | | | | | |
| 13. MEMBER'S SIGNATURE | | | | 14. DATE | | 15. CERTIFYING OFFICER'S SIGNATURE | | | | | | | | | | | | | |
| | | | | | | 16. DATE | | | | | | | | | | | | | |

JUMPS - JSS PAY ELECTIONS

For use of this form, see AR 37-104-3; the proponent agency is ASA(FM)

PRIVACY ACT STATEMENT**Authority:** Title 37 USC, Section 101.**Principal Purpose:** To provide the service member a means of electing the manner in which he or she desires to receive pay and allowances.**Routine Use:** To establish the pay account of the MMPF.**Disclosure:** Disclosure of your social security number (SSN) and other personal information is voluntary; however, without the requested information, the Finance Office cannot identify members, or take the requested action.**1. HOW DO YOU WANT TO BE PAID? (X one item.)**☐

a. Once a Month

☐

b. Twice a Month

2. METHOD OF PAYMENT (X one item.)☐

a. Sure Pay/Direct Deposit (Complete Section 4.)

☐

b. Check to Address (Complete 5.)

3. HELD PAY (NOTE: All amounts may be withdrawn at any time upon application to your Finance Officer.)

b. SPECIFY AMOUNT

☐

a. If a held pay amount is also desired, check box and enter amount.

\$

4. SURE PAY/DIRECT DEPOSIT (X one box.)☐

a. SF 1199A attached. (Complete items (1) through (5)) ..

☐

b. SF 1199A on file. (Use this box if you already have SURE PAY/DIRECT DEPOSIT to this financial institution). (Do not complete items (1) through (5)).

(1) NAME OF FINANCIAL ORGANIZATION

(2) SAVINGS OR CHECKING ACCOUNT NO

(3) NAME OF ACCOUNT HOLDER

(4) STREET NO., RR NO., P.O. BOX

(5) CITY, STATE, ZIP CODE (Or Country)

5. CHECK TO ADDRESS (Provide complete mailing address.)

a. STREET NO., RR NO., P.O. BOX

b. CITY

c. STATE

d. ZIP CODE

e. COUNTRY

6. REMARKS**7. I HEREBY AUTHORIZE PAYMENT AS SPECIFIED ABOVE.**

a. TYPED OR PRINTED NAME

e. NAME AND ADDRESS OF ORGANIZATION

b. SSN

c. SIGNATURE

d. DATE

FAST START

DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER

EMPLOYEE NAME
(as on payroll records)

(Last, First, Initials)

TELEPHONE NUMBER (WORK)

(HOME)

2. TYPE OF ACCOUNT

- ☐ Checking
☐ Savings

TYPE OF PAYMENT

- ☐ Net Pay
☐ Travel
☐ Other Federal employment related payments

3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)
A voided personal check/sharedraft may be attached in lieu of completing this section.
See instructions on back of this form.

ROUTING TRANSIT
NUMBER

Check Digit

ACCOUNT NUMBER

ACCOUNT TITLE

(Account Holder's Name)

FINANCIAL INSTITUTION NAME

4. ALLOTMENT INFORMATION

Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT
(Check One)

- ☐ Savings (whole dollar amounts only)
☐ Discretionary or Third Party

TYPE OF ACCOUNT
(Check One)

- ☐ SAVINGS
☐ CHECKING

ACTION
(Check One)

- ☐ START
☐ CANCEL
☐ CHANGE

AMOUNT
(Check One)

- ☐ INCREASE TO:
☐ DECREASE TO:

New Total \$

ALLOTTEE NAME
(person/company who
will receive allotment)

ALLOTTEE'S ROUTING NUMBER

Check Digit

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE
(Account Holder's Name)

FINANCIAL INSTITUTION NAME

5. AUTHORIZATION



EMPLOYEE'S SIGNATURE

DATE

6. AGENCY USE: