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	U· S· DEPARTMENT OF THE INTERIOR OFFICE OF SURFACE MINING RECLAMATION AND ENFORCEMENT DIRECTIVES SYSTEM	Subject Number: PER- 30 Transmittal Number: 403 Date: 12/17/87

Subject: DELIVERY OF PAYROLL CHECKS AND U.S. SAVINGS BONDS

Approval: Ted D. Christensen | **Title:** Director

1. PURPOSE. The purpose of this directive is to establish the policy for delivery of payroll checks and U.S. savings bonds.

2. DEFINITIONS.

   a. Financial Institution. Any bank, savings bank, savings and loan association or similar institution, or Federal or State chartered credit union.

   b. Electronic Fund Transfer (EFT). The Treasury disbursement system whereby financial credits are transferred electronically to the account of the payee at a financial organization.

   c. Automated Clearing House System (ACH). One of the EFT mechanisms utilized by Treasury, primarily for salary and recurring benefit payments.

   d. Direct Deposit Program. The EFT process offered to Federal employees as an alternative to receiving paper checks through the mails. Implemented through the ACH system.

3. POLICY/PROCEDURES. It is the general policy for all Office of Surface Mining Reclamation and Enforcement offices that employee paychecks and U.S. savings bonds will not be delivered to the office. Accordingly, employees shall make arrangements for delivery of paychecks and bonds to their homes or other non-office address.

   The option is available, and its use is strongly encouraged, to arrange for pay to be sent directly to a financial institution by means of Treasury's Electronic Fund Transfer system. Employees may enroll in the Direct Deposit program by completing Section 1. of the SF-1199A application form (See Appendix 1), and hand delivering it to their financial institution. After the financial institution completes Section 3 of the form, the employee should return the form to his/her timekeeper for forwarding to the payroll operations office, either directly or through the servicing personnel office.

To change the mailing address for payroll checks, employees shall complete the "Request for Official Correspondence, Net Checks, Residence Information" form (See appendix 2), and give it to their timekeeper for forwarding to the payroll operations office, either directly or through the servicing personnel office.

The address for savings bond delivery may be changed by completing SBD Form 1192 (See Appendix 3) and giving it to the timekeeper for forwarding to the payroll operations office, either directly or through the servicing personnel office.

An exception to this policy is granted for those employees who have been recently hired or transferred and have not yet established a permanent mailing address. Supervisors should monitor the employee's progress toward securing a permanent mailing address and ensure that pay and bond delivery is converted to a non-office mailing address, or DD/EFT, as soon as possible.

Requests for other exceptions to this policy must be submitted to the Chief, Division of Financial Management for approval. The justification should be routed through the local office head for concurrence.

4. REPORTING REQUIREMENTS. None

5. REFERENCE. None

6. EFFECT ON OTHER DOCUMENTS. None

7. EFFECTIVE DATE. The provisions of this directive become effective on the date of issuance.

8. CONTACT. Division of Financial Management, (303) 236-0331, FTS 776-0331.

Standard Form 1199A
(Rev. July 1984)
Government Financial Operations
Treasury Dept. Cir. 1076

Washington, D.C. 20402

OMB No. 1510-0001
Expiration Date 12-31-86

DIRECT DEPOSIT SIGN-UP FORM

APPENDIX I

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 *(TO BE COMPLETED BY PAYEE)*

A NAME OF PAYEE *(last, first, middle initial)*

ADDRESS *(street, route, P.O. Box, APO FPO)*

CITY | STATE | ZIP CODE

TELEPHONE NUMBER
AREA CODE

B NAME OF PERSON(S) ENTITLED TO PAYMENT

C CLAIM OR PAYROLL ID NUMBER
Prefix | Suffix

D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS

E DEPOSITOR ACCOUNT NUMBER

F TYPE OF PAYMENT *(Check only one)*

- ☐ Social Security
- ☐ Supplemental Security Income
- ☐ Railroad Retirement
- ☐ Civil Service Retirement (OPM)
- ☐ VA Compensation or Pension
- ☐ Fed Salary/Mil. Civilian Pay
- ☐ Mil. Active _____
- ☐ Mil. Retire _____
- ☐ Mil. Survivor _____
- ☐ Other _____ *(specify)*

G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY *(if applicable)*
TYPE | AMOUNT

PAYEE/JOINT PAYEE CERTIFICATION

I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

SIGNATURE | DATE
SIGNATURE | DATE

JOINT ACCOUNT HOLDERS' CERTIFICATION *(optional)*

I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE | DATE
SIGNATURE | DATE

SECTION 2 *(TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)*

GOVERNMENT AGENCY NAME | GOVERNMENT AGENCY ADDRESS

SECTION 3 *(TO BE COMPLETED BY FINANCIAL INSTITUTION)*

NAME AND ADDRESS OF FINANCIAL INSTITUTION

ROUTING NUMBER | CHECK DIGIT

DEPOSITOR ACCOUNT TITLE

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE'S NAME | SIGNATURE OF REPRESENTATIVE | TELEPHONE NUMBER | DATE

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

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

NSN 7540-01-058-0224

GOVERNMENT AGENCY COPY

1199-203

7-2214 (7-86)
Bureau of Reclamation

Bureau _____

Subbureau _____

Block _____

REQUEST FOR OFFICIAL CORRESPONDENCE, NET CHECK, RESIDENCE INFORMATION
(Complete all sections)

NAME (please print) _____ SSN _____

☐ NEW EMPLOYEE

☐ FOLLOWING INFORMATION EFFECTIVE PAY PERIOD _____

☐ EMPLOYED BY DOI IN THE PAST 3 YEARS

☐ REASSIGNED WITHIN REGION/DISTRICT/STATE

FROM: _____ TO: _____

☐ TRANSFERRED FROM ONE REGION/DISTRICT/STATE TO ANOTHER

FROM: _____ TO: _____

☐ TRANSFERRED FROM ONE DOI AGENCY TO ANOTHER

FROM: _____ TO: _____

1. OFFICIAL CORRESPONDENCE ADDRESS - Used to mail wage and tax statement (W-2), Leave and Earnings Statement, and other official correspondence:

Apt/Street/PO Box _____

City/State/Zip _____

2. MAIL NET CHECK TO - Failure to provide a net pay check mailing address will result in net pay check being mailed to a defaulted address specified by each bureau:

☐ SAME AS OFFICIAL CORRESPONDENCE ADDRESS - See item 1

☐ FINANCIAL INSTITUTION - Complete SF-1199A, Request by Employee for Payment of Salaries or Wages by Credit to Account at Financial Institution.

☐ DESIGNATED AGENT - The use of Designated Agents for net check receipt is prohibited except in rare circumstances (Treasury authorized person to receive and distribute net pay checks). Enter designated agent's number and location:

Number _____

Location _____

☐ OTHER LOCATION

Apt/Street/PO Box _____

City/State/Zip _____

3. ☐ CHANGE BOND ADDRESS TO OFFICIAL CORRESPONDENCE ADDRESS - See item 1

4. STATE AND LOCAL RESIDENCE INFORMATION - To be used for authorization and calculation of state and local taxes. This data does not preclude the need for state and local tax authorization forms when required by taxing authorities.

City _____ County _____ State _____

All information requested on this form, including the Social Security number, is confidential and is required under various provisions in Title 5 U.S.C., Title 31 U.S.C., and CFR Parts 209, 210, and 215 to direct your payments to the destination designated by you, to forward W-2's, earnings statements, and other official correspondence, and for authorization of state and local taxes. The information provided by you will be used for identification with the records of the program agency and the financial organization in order to direct payments and other related pay documents to the point you authorized and to properly calculate state and local taxes. Failure to provide the requested information may affect pay computation and delay mailing of net pay check and other pay documents.

EMPLOYEE SIGNATURE _____ DATE _____

SBD 1192

AUTHORIZATION FOR PURCHASE AND REQUEST FOR CHANGE

UNITED STATES SERIES EE SAVINGS BONDS

FOR AGENCY USE

DATE

PRINT IN INK OR TYPE

EMPLOYEE'S NAME (First Name) (Initial) (Last Name) SOC. SEC. OR EMP. PAYROLL NO.

DEPARTMENT OR AGENCY BUREAU OR OFFICE LOCATION

A. NEW ALLOTMENT ☐ B. INCREASE ALLOTMENT ☐ C. CHANGE DENOMINATION ☐ D. CHANGE INSCRIPTION ☐ E. OTHER ACTION (Describe on reverse) ☐

(If you checked A, B, or C above, complete the following) → AMOUNT TO BE ALLOTTED EACH PAY PERIOD $..... BOND DENOMINATION $50 ☐ $75 ☐ $100 ☐ $200 ☐ $500 ☐ $1000 ☐

BOND INSCRIPTION (If you checked A or D above, complete the following)

OWNER'S NAME (First Name) (Middle Name or Initial) (Last Name) SOCIAL SECURITY NO.

ADDRESS (Number and Street)

(City or Town) (State) (ZIP Code)

(CHECK ONE) CO-OWNER ☐ BENEFICIARY ☐ (First Name) (Middle Name or Initial) (Last Name) SOCIAL SECURITY NO.

EDS 797

The furnishing of social security numbers is required by the regulations governing savings bonds, Department of the Treasury Circular, Public Debt Series, Number 3-80 (31 CFR 353). The numbers are used to maintain ownership records of the bonds. Other information requested by this form is also required under the above regulations to establish the rights, authority and/or entitlement of the signers. Failure to furnish any of the required information may prevent completion of the transaction.

E. OTHER ACTION (Explain)

AVERAGE DATING:

Bonds of $75 or greater denomination will be dated as of the first day of the month in which the end of a pay period falls and at least half of the purchase price is accumulated.

I hereby authorize the foregoing allotment from my pay with the understanding that U.S. Savings Bonds will be issued as requested. This authorization is to remain in effect until canceled by me in writing or termination of my Federal employment.

EFFECTIVE ON FIRST PAYROLL PERIOD AFTER

....., 19.....

.....

Employee's Signature (Must be same as shown on payroll)

Date