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| | U· S· DEPARTMENT OF THE INTERIOR<br>OFFICE OF SURFACE MINING<br>RECLAMATION AND ENFORCEMENT<br>DIRECTIVES SYSTEM | Subject Number: PER-30<br>Transmittal Number: 628<br>Date: 8/14/90 |

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

Approval: Title: Director

1. PURPOSE. This directive is established to comply with the Department's policy on direct deposit of employee's pay (Personnel Management Letter No. 88-9 (550), dated January 26, 1989). The directive also establishes the Office of Surface Mining Reclamation and Enforcement's (OSM) policy for delivery of U.S. Savings Bonds.

2. SUMMARY.

   a. This directive restricts the delivery of payroll checks and U.S. Savings Bonds to OSM offices. It also requires new employees and encourages current employees to enroll in the U.S. Department of the Treasury's Direct Deposit/Electronic Fund Transfer (DD/EFT) System.

   b. The directive emphasizes the efficient and effective use of the DD/EFT system.

3. 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 Department disbursement system whereby financial credits are transferred electronically to the account of the payee at a designated financial organization.

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

   d. Direct Deposit (DD). This program is implemented through the ACH system. The DD/EFT process is offered to Federal employees as a preferred alternative to receiving paper checks through the mail.

4. POLICY/PROCEDURES

a. Payroll Check.

(1) The Department policy requires direct deposit of pay to a financial institution as a condition of employment for individuals who entered on duty on or after January 1, 1989. New employees must designate the financial institution to which they desire having their net pay deposited within 30 days after reporting to work.

(2) The DD/EFT is an efficient and effective mechanism for making salary payments. It is the safest method for salary payment and the most cost beneficial to the Government. Under this system, a payment can never be lost in the mail, stolen from a mailbox or forged. Funds are credited and available to the employee on the due date without the need for making a manual deposit.

(3) Enrollment in the Treasury Department's DD/EFT program is accomplished by submission of the SF-1199A, Direct Deposit Sign-Up Form (See Appendix 1). Section 1 of the form should be completed by the employee before submitting the application to the financial institution. After the financial institution completes Section 3, the employee should return the form to his/her administrative office or Servicing Personnel Office for forwarding to the payroll operations office.

(4) New employees may request in writing a waiver of this policy in unusual circumstances (e.g., remote locations that are not equipped to accept EFT). Exceptions to this policy must be approved by the Assistant Director, Administrative Services for Headquarters Personnel, and the Assistant Director, Eastern or Western Support Centers and the Assistant Director, Field Operations for employees within their jurisdiction. The request must explain the circumstance which makes it necessary to deliver payroll checks to the employee's home or non-office address.

(5) It is strongly recommended that current employees, who were employed by OSM on December 31, 1988, make use of the option available for pay to be electronically sent to a financial institution. However, if this is not possible, these employees may have their paycheck mailed to their homes or other non-office address. As mentioned above, these payments are more vulnerable to theft or loss.

(6) An exception to this policy is granted to new appointees and current employees transferred to an office outside of their commuting area, who have not yet established a permanent mailing address. These employees may have their paycheck mailed to their office. However, within 30 days after reporting to work, they must designate the financial institution to which they desire having their net pay deposited. If this is not possible and the employee is eligible they may have their paycheck mailed to a non-office address. Supervisors must monitor the employee's progress toward securing a permanent mailing address and ensure that paycheck delivery is converted to DD/EFT or a non-office address within the 30 day time limit. Supervisors are also responsible for determining how receipt of paychecks will be handled in his/her office.

(7) To change the mailing address for payroll checks, current employees must complete a Bureau of Reclamation (BOR) Form 7-2214, Request for Official Correspondence, Net Checks, Residence Information (See Appendix 2), and give it to their administrative office or Servicing Personnel Office for submission to the payroll office.

b. Savings Bonds.

(1) It is the policy of OSM that an employee's U.S. Savings Bonds will not be delivered to the employee's office address. Accordingly, employees must make arrangements for delivery of bonds to their homes or other non-office address.

(2) The address for savings bond delivery may be changed by completing Form SBD-1928, Authorization for Purchase and Request for Change, United States Series EE Savings Bonds (See Appendix 3) and giving it to the administrative office or Servicing Personnel Office for forwarding to the payroll operations office.

5. REPORTING REQUIREMENTS. None.

6. EFFECT ON OTHER DOCUMENTS. This directive supersedes PER-30, Delivery of Payroll Checks and U.S. Savings Bonds, Transmittal Number 403, December 17, 1987.

7. REFERENCES.

   a. Department of the Interior Personnel Management Letter Number 88-9 (550), January 26, 1989.

   b. Office of the Secretary Memorandum, Direct Deposit/Electronic Funds Transfer (DD/EFT), January 16, 1990.

8. EFFECTIVE DATE. Upon issuance.

9. CONTACT. Chief, Division of Personnel, (202) 208-2965 or FTS 268-2965.

10. KEY WORDS. Paycheck, Direct Deposit, Electronic Fund Transfer.

11. LIST OF APPENDICES.

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|---|---|
| Appendix 1: | Direct Deposit Sign-Up Form (SF-1199A) |
| Appendix 2: | Request for Official Correspondence, Net Check, Residence Information (BOR Form 7-2214) |
| Appendix 3: | Authorization for Purchase and Request for Change, United States Series EE Savings Bonds (SBD-1928) |

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**Standard Form 1199A**
(Rev. June 1987)
Prescribed by Treasury Department
Treasury Dept. Cir. 1076

OMB No. 1510-0007
Expiration Date 1/31/90

# DIRECT DEPOSIT SIGN-UP FORM

## 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

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 1928

**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 $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.

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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)

EDM 7973 B