

**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 distribute copies as designated.

Standard Form 1198  
(Rev. 3-82)  
Department of the Treasury  
I TFM 3-9000

**REQUEST BY EMPLOYEE FOR ALLOTMENT OF PAY FOR CREDIT  
TO SAVINGS ACCOUNT WITH A FINANCIAL ORGANIZATION**

TO BE COMPLETED BY EMPLOYEE  (A)	(1) Name of Employee <i>(As stated on payroll)</i>		(2) Social Security Number
	(3) Home Address		
	(4) Agency <i>(Include also Bureau, Division, Branch or other designation of employing organization)</i>		
	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.		
	(5) Action requested on Allotment <i>("X" one and fill in amount)</i>		
	<input type="checkbox"/> Initiate \$ _____ <input type="checkbox"/> Increase from \$ _____ to \$ _____ <input type="checkbox"/> Cancel \$ _____ <input type="checkbox"/> Decrease from \$ _____ to \$ _____		

An authorization for a new or decreased allotment must be completed by the financial organization. An authorization to increase or 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 Savings Account No. At Financial Organization	(9) Date Submitted to Agency
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TO BE COMPLETED BY FINANCIAL ORGANIZATION  (B)	(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		
	<input type="checkbox"/> 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).		(11) Employer Identification No.
	<input type="checkbox"/> 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 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).		
	(12) Address of Financial Organization		

(a) Street			
(b) City	(c) State	(d) Zip Code	
(13) Authorized Signature	(14) Title	(15) Date	

**ATTENTION EMPLOYEE AND FINANCIAL ORGANIZATION**

Agency payroll offices and disbursing offices operate within rigid time schedules 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 disbursing 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.

. . . . .

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 or 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.

**INSTRUCTIONS**

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(7) Signature of Employee		(8) Employee's Savings Account No. At Financial Organization		(9) Date Submitted to Agency

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	(12) Address of Financial Organization			(11) Employer Identification No.
	(a) Street			
	(b) City		(c) State	(d) Zip Code
	(13) Authorized Signature		(14) Title	(15) Date

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