

APPLICATION AND AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ) OR DEPENDENCY REDETERMINATION

PRIVACY ACT STATEMENT

AUTHORITY: 37 U.S.C. SECTIONS 403 AND 405 ; EXECUTIVE ORDER 9397.

PURPOSE: TO DOCUMENT A MEMBER'S REQUEST FOR, AND SUSEQUENT AUTHORIZATION OF, AN ADVANCE HOUSING ALLOWANCE.

ROUTINE USES: INFORMATION COLLECTED ON THIS FORM BECOMES PART OF THE JOINT UNIFORM MILITARY PAY SYSTEM (JUMPS), AND IS SUBJECT TO ALL THE ROUTINE DISCLOSURES MADE BY THAT SYSTEM AS MORE FULLY DESCRIBED IN AFP 12-36. ROUTINE RECIPIENTS OF JUMPS DISCLOSURES INCLUDE, BUT ARE NOT LIMITED TO, OTHER FEDERAL AGENCIES SUCH AS INTERNAL REVENUE SERVICE, SOCIAL SECURITY ADMINISTRATION, VETERANS ADMINISTRATION, AND THE DEPARTMENT OF JUSTICE; THE AMERICAN RED CROSS, AND LOCAL GOVERNMENTS FOR TAX AND WELFARE PURPOSES.

DISCLOSURE IS VOLUNTARY: IF REQUESTED INFORMATION IS NOT PROVIDED, IT MAY CAUSE A DELAY IN PROCESSING OF PAYMENT

PART A – IDENTIFICATION & DUTY LOCATION

HOUSING OFFICE OR BILLETING OFFICIAL NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS

1. NAME (LAST, FIRST, MI)	QUARTERS ARE NOT ASSIGNED	DATE:
** All trainees must complete all sections of Part A **	ADEQUATE QUARTERS	ASSIGNED
2. SSN	TERMINATED	
3. GRADE	EFFECTIVE DATE:	UNIT #
4. PHONE	INADEQUATE QUARTERS	ASSIGNED
5. DUTY LOCATION (BASE, STATE, ZIP OR COUNTRY)	TERMINATED	
	EFFECTIVE DATE:	UNIT#

Check the applicable box.

PART B – MARITAL/DEPENDENT STATUS

6. <input checked="" type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENTS MARRIED – SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER IF MILITARY SPOUSE – NAME SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE : _____ DIVORCED _____ (DATE) LEGALLY SEPARATED _____ (DATE)	TRANSIENT QUARTERS OCCUPIED – UNIT # _____ ** DO NOT COMPLETE THIS SECTION ** EFFECTIVE DATE: _____ TO: _____ TITLE _____ SIGNATURE _____ DATE _____
7. NON-CUSTODIAL PARENTS: I PAY THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ OR \$ _____ PER MONTH FOR DEPENDENTS SUPPORT BASED ON a DIVORCE DECREE, b COURTORDER, c LEGAL SEPARATION AGREEMENT OR d WRITTEN AGREEMENT WITH CHILDS CUSTODIAN	

Only complete Sections 8 & 9 if you're claiming dependent status.

8. I CLAIM BAQ FOR THE DEPENDENT IN NOT IN MY CUSTODY LISTED BELOW(EFFECTIVE DATE) DOM: _____

NOTE: INDICATE THE CIVILIAN DEPENDENT YOU ARE CLAIMING AND THE RELATIONSHIP (I.E. , SPOUSE, LEGITIMATE, ILLEGITIMATE, INCAPACITATED, ADOPTED, STEP-CHILD OR PARENT). IF DEPENDENT IS A CHILD INCLUDE DATE OF BIRTH (DOB).

a. NAME (LAST, FIRST, MI)	b. ADDRESS, CITY, STATE, ZIP OR COUNTY	c. RELATIONSHIP	d. (DOB) or DOM
** Annotate Spouse only here (If married to a civilian) - Marriage Certificate is Required			
** Annotate Youngest Child only here (If Single Claiming) - Child's Birth Certificate is Required			

9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE OTHER PARENTS IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING

NAME	SSN	BRANCH OF SERVICE	STATION

****Only check/"X" Part C below if claiming dependent status.**

PART C- MEMBER'S CERTIFICATION (FOR MEMEBRS WITH DEPENDENTS)

I CERTIFY THAT I PROVIDE ADEQUATE SUPPORT (SEE AFR 35-18) FOR THE DEPENDENTS NAMED ABOVE. I AM AWARE THAT FAILURE TO ADEQUATELY SUPPORT THE ABOVE NAMED DEPENDENTS WILL RESULT IN STOPPING BAQ, AND RECOUPING ALLOWANCES PAID FOR ANY PRIOR PERIODS OF NONSUPPORT.

CERTIFICATION FOR MEMBERS RECEIVING BAQ FOR SECONDARY DEPENDENTS (PARENT ADOPTED, ILLEGITIMATE, INCAPACITATED CHILD OR STEP-CHILD) I CERTIFY THAT THIS MY FIRST APPLICATION YES NO. IF NO, GIVE DATE YOUR LAST APPLICATION WAS FILED, _____. I UNDERSTAND THAT MY FAILURE TO COMPLY WITH THE APPLICABLE REQUIREMENTS MAY RESULT IN CANCELLATION OF MY BAQ. FURTHERMORE, I UNDERSTAND THAT MAKING A FALSE STATEMENT OR CLAIM AGAINST THE US GOVERNMENT IS PUNISHABLE BY COURT MARTIAL AND THAT THE PENALTY FOR WILLFULLY MAKING FALSE CLAIM, OR A FALSE STATEMENT IN CONNECTION WITH A CLAIM IS A MAXIMUM FINE OF \$10,000 OR IMPRISONMENT FOR 5 YEARS, OR BOTH. I WILL REPORT ANY CHANGES OF DEPENDENT'S STATUS OR RESIDENCE, AS WELL AS ANY CHANGES IN MY HOUSING ARRANGEMENTS IMMEDIATELY TO THE ACCOUNTING AND FINANCE (AFO). I ALSO UNDERSATAND THAT MY FAILURE TO COMPLY WITH APPROPRIATE REQUIREMENTS MAY CAUSE INVOLUNTARY COLLECTION OF ANY RESULTING INDEBTEDNESS RETROACTIVE TO THE DATE THE ENTITLEMENT BECAME ERRONEOUS.

MEMBER'S SIGNATURE _____ DATE _____ ****Date Submitted to Finance****

SIGN HERE>>>> **** All trainees must wet sign (with pen/ink)**** <<<<SIGN HERE

OFFICIAL USE ONLY

START	CHANGE	CANCEL	REPORT	STOP	PARTIAL	WITHOUT DEPENDENT	WITH DEPENDENT
DEPENDENCY DETERMINATION: I HAVE DETERMINED THAT THE ABOVE NAMED INDIVIDUAL IS DEPENDENT ON THE MEMBER BASED ON BEING SPOUSE, SINGLE MEMBER CLAIMING LEGITIMATE CHILD IN CUSTODY OF ANOTHER, LEGITIMATE CHILD IN SINGLE MEMBER'S CUSTODY, PARENTS, STEPCCHILD, ADOPTED CHILD, INCAPACITATED CHILD, ILLEGITIMATE CHILD OR CHILD, MEMBER TO MEMBER MARRIAGE.							
I HAVE DETERMINED THAT THE ABOVE NAMED INDIVIDUAL IS NOT DEPENDENT ON MEMBER OR ELIGIBLE TO BE A DEPENDENT OF MEMBER. REASONS FOR DISSAPPROVAL ARE NOTED HERE. ** DO NOT COMPLETE THIS SECTION **							
I HAVE REVIEWED DOCUMENTS THAT SUPPORT CLAIM THAT MEMBER IS E-7 OR ABOVE AND NO MILITARY NECESSITY REQUIRES THE MEMBER TO RESIDE ON BASE.							
TITLE OF CERTIFYING OFFICIAL	SIGNATURE	OFFICE ADDRESS	DATE				

**APPLICATION AND AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE
FOR QUARTERS (BAQ) OR DEPENDENCY REDETERMINATION**

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 043, Public Law 96-343, EQ 9397

PURPOSE: To start, adjust or terminate military member's entitlement to BAQ

ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on tax deducted, Department of Veteran Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting possible violations of the law, the American Red Cross for information concerning the needs of the member or dependents emergency situations, the Air Force to determine needs of a member or dependents in emergency situations and for verification of loan applications, state and local governments for tax and welfare insurance companies for allotment information and financial institutions, for deposits and/or payments.

DISCLOSURE: Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAQ

PART A - IDENTIFICATION & DUTY LOCATION

1. NAME (Last, First, MI)		
2. SSN	3. GRADE	4. PHONE
5. DUTY LOCATION (Base, State, ZIP Code or Country)		

HOUSING OFFICE or BILLETING OFFICIAL

NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS

QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE:
ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> EFFECTIVE DATE: UNIT #
INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> EFFECTIVE DATE: UNIT #
TRANSIENT QUARTERS OCCUPIED - UNIT #
EFFECTIVE DATES FROM: TO:
TITLE
SIGNATURE
DATE

PART B - MARITAL/DEPENDENT STATUS

6 SINGLE, NO DEPENDENTS SINGLE, CLAIMING DEPENDENT(S)

MARRIED - SPOUSE IS A CIVILIAN MILITARY MEMBER

IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:

DIVORCED _____ (Date) LEGALLY SEPERATED _____ (Date)

7. NON-CUSTODIAL PARENTS: I PAY THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR \$ _____ .00 PRE MONTH FOR DEPENDENT SUPPORT
BASED ON: a. DIVORCE DECREE b. COURT ORDER c. LEGAL SEPARATION AGREEMENT, OR d. WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN

8. I CLAIM BAQ FOR THE DEPENDENT IN NOT IN MY CUSTODY LISTED BELOW (Effective Date): _____
Note: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent is a child include the date of birth (DOB)

(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB

9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING

NAME	SSN	BRANCH OF SERVICE	STATION

PART C - MEMBERS CERTIFICATION (For members with dependents)

I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport

CERTIFICATION FOR MEMBERS RECEIVING BAQ FOR SECONDARY DEPENDENTS (Parent, adopted, illegitimate, incapacitated child or step-child)

I certify that this is my first application YES NO If no, give date your last application was filed: _____

I understand that my failure to comply with the applicable requirements may result in cancellation of my BAQ. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of \$10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Accounting and Finance Office (AFO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.

MEMBER'S SIGNATURE	DATE
<input type="text"/>	<input type="text"/>

OFFICIAL USE ONLY

START CHANGE CANCEL REPORT STOP PARTIAL WITHOUT DEPENDENT WITH DEPENDENT

DEPENDENCY DETERMINATION: I have determined that the above named individual is dependent on the member based on being

Spouse Single member claiming legitimate child in custody of another Legitimate child in single members custody Parents Stepchild

Adopted Child Incapacitated Child Illegitimate child or Child, member to member marriage

I have determined that the above named individual is not dependent on member or eligible to be a dependent of member. Reasons for disapproval are noted here

I have reviewed documents that support claim that member is E-7 or above and no military necessity requires the member to reside off base.

TITLE OF CERTIFYING OFFICIAL	SIGNATURE	OFFICE ADDRESS	DATE
	<input type="text"/>		

****Complete all red outlined boxes****

**** Do NOT complete the yellow shaded areas. ****
OFFICER UNIFORM ALLOWANCE CERTIFICATION

DATE (Year, Month, Day)

DATE HERE

PRIVACY ACT STATEMENT

AUTHORITY: 37 U.S.C. 101, et seq.; EO 9397, November 1943.

PRINCIPAL PURPOSE: To initiate and certify payment of initial or active duty uniform allowances to officer personnel in the Air Reserve Forces (ARF).

ROUTINE USES: None.

DISCLOSURE: Disclosure of the social security number (SSN) is voluntary. However, the SSN is used for positive identification and, if the required information is not furnished, this form will not be processed.

1. MEMBERS NAME (Last, First, Middle Initial)

NAME HERE

2. GRADE

RANK

3. AFSN

****Leave this section blank****

3a. SSN

Fill in your SSN

4. HOME ADDRESS (Street, City, State, Zip Code)

550 E MAXWELL BLVD
MAXWELL AFB AL, 36112

5. DUTY ORGANIZATION (Squadron and Base)

COT CLASS # 15-##

6. ALLOWANCE CLAIMED

INITIAL

ACTIVE DUTY

I certify that claim listed below is accurate (in accordance with regulations); that individual is assigned to this unit; that wearing of the uniform was required; and that entitlement claimed exists as of Effective date from paragraph 13 of orders

7. NAME AND GRADE OF CERTIFYING OFFICER (Typed)

**** Leave this section blank ****

B. SIGNATURE

**** Leave this section blank ****

9. CERTIFICATION BY MEMBER (Complete Applicable Certification)

a. INITIAL

I certify that:

1. I was ordered to and/or performed active duty in excess of 90 days after 31 Dec 1952 in compliance with paragraph 13, special orders number ORDER # , Hq USAF dated Orders date or

Fill in the order number from your AD orders

2. I completed 14 days' active duty for training in compliance with paragraph special orders number , Hq, dated ; or

**** Leave Sections 2 & 3 blank ****

3. I completed 14 periods of not less than two hours' duration of inactive duty training as a member in the ready reserve.

SIGNATURE

**** All trainees must wet (pen/ink) sign this section ****

b. ACTIVE DUTY

I certify that I was ordered to or performed active duty or active duty for training in excess of 90 days, in compliance with paragraph , special order number , Hq, dated ; that duty required the wearing of the uniform; that I have not received or become entitled to receive an initial uniform allowance under any provision of law in excess of \$2000 during my tour of active duty or within two years before thereon, and that during these two year period before my reporting for my current tour of duty, I have not served on active duty or active duty for training for more than 90 days' duration, or for a period for which I received a uniform allowance as an officer of a reserve component of the Air Force, or the Air Force without component. Before this, I have not received or applied for the active duty uniform allowance for the tour of active duty or active duty for training for which this entitlement is claimed.

****Leave this section blank****

SIGNATURE

OFFICER UNIFORM ALLOWANCE CERTIFICATION

DATE (Year, Month, Day)

PRIVACY ACT STATEMENT

AUTHORITY: 37 U.S.C. 101, et seq.; EO 9397, November 1943.

PRINCIPAL PURPOSE: To initiate and certify payment of initial or active duty uniform allowances to officer personnel in the Air Reserve Forces (ARF).

ROUTINE USES: None.

DISCLOSURE: Disclosure of the social security number (SSN) is voluntary. However, the SSN is used for positive identification and, if the required information is not furnished, this form will not be processed.

1. MEMBERS NAME (Last, First, Middle Initial)	2. GRADE 5. DUTY ORGANIZATION (Squadron and Base) COT Class	3. AFSN 3a. SSN 6. ALLOWANCE CLAIMED <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ACTIVE DUTY
4. HOME ADDRESS (Street, City, State, Zip Code) 550 East Maxwell Blvd Maxwell AFB, AL 36112		

I certify that claim listed below is accurate (in accordance with regulations); that individual is assigned to this unit; that wearing of the uniform was required; and that entitlement claimed exists as of

7. NAME AND GRADE OF CERTIFYING OFFICER (Typed)	B. SIGNATURE
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9. CERTIFICATION BY MEMBER (Complete Applicable Certification)

a INITIAL

I certify that:

1. *I was ordered to and/or performed active duty in excess of 90 days after 31 Dec 1952 in compliance with paragraph _____, special orders number _____, Hq USAF dated _____; or*
2. *I completed 14 days' active duty for training in compliance with paragraph _____, special orders number _____, Hq _____, dated _____; or*
3. *I completed 14 periods of not less than two hours' duration of inactive duty training as a member in the ready reserve.*

SIGNATURE

b ACTIVE DUTY

I certify that I was ordered to or performed active duty or active duty for training in excess of 90 days, in compliance with paragraph _____, special order number _____, Hq _____, dated _____; that duty required the wearing of the uniform; that I have not received or become entitled to receive an initial uniform allowance under any provision of law in excess of \$200.00 during my current tour of active duty or within two years before thereon; and that during these two-year period before my reporting for my current tour of duty, I have not served on active duty or active duty for training for more than 90 days' duration, or for a period for which I received a uniform allowance as an officer of a reserve component of the Air Force, or the Air Force without component. Before this, I have not received or applied for the active duty uniform allowance for the tour of active duty or active duty for training for which this entitlement is claimed.

SIGNATURE

****Trainees are required to complete all red highlighted-lined sections****

FAST START



****Trainees DO NOT complete highlighted yellow sections****

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 ****Leave this section blank****
- 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)	TYPE OF ACCOUNT (Check One)	ACTION (Check One)	AMOUNT (Check One)
<input type="checkbox"/> Savings (whole dollar amounts only)	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> START	<input type="checkbox"/> INCREASE TO:
<input type="checkbox"/> Discretionary or Third Party	<input type="checkbox"/> CHECKING	<input type="checkbox"/> CANCEL	<input type="checkbox"/> DECREASE TO:
		<input type="checkbox"/> CHANGE	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 _____

****Leave the ENTIRE Section 4 blank****

5. AUTHORIZATION

* _____ **EMPLOYEE'S SIGNATURE** _____ **DATE**

6. AGENCY USE:

FAST START



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

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 _____

TYPE OF PAYMENT

Net Pay
 Travel
 Other Federal employment related payments

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)	TYPE OF ACCOUNT (Check One)	ACTION (Check One)	AMOUNT (Check One)
<input type="checkbox"/> Savings (whole dollar amounts only)	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> START	<input type="checkbox"/> INCREASE TO:
<input type="checkbox"/> Discretionary or Third Party	<input type="checkbox"/> CHECKING	<input type="checkbox"/> CANCEL	<input type="checkbox"/> DECREASE TO:
		<input type="checkbox"/> CHANGE	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:

PRIVACY ACT STATEMENT

The collection of the information you are requested to provide on this form is authorized under 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent.

INSTRUCTIONS FOR PROCESSING FASTSTART AUTHORIZATION

PURPOSE

You may use this form to provide instructions for processing your net salary. You may also use this form to provide instructions for processing allotments and other agency - approved payments associated with your Federal employment.

1. EMPLOYEE INFORMATION (always complete this section)
2. TYPE OF ACCOUNT/PAYMENT (Put an "X" in the appropriate space to indicate a checking or savings account and type of payment.)
3. DIRECT DEPOSIT ACCOUNT INFORMATION
ROUTING TRANSIT NUMBER (your financial institution's 9-digit routing transit number)
ACCOUNT NUMBER (your account number at your financial institution)
ACCOUNT TITLE (the depositor's name on the account to which payments are to be directed)
FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be directed)

The Routing Transit Number (RTN) can be obtained from the financial institution or found on the bottom of a check.

The diagram shows a check front with the following fields and annotations:

- 3** points to the top section: NAME OF DEPOSITOR, STREET ADDRESS, CITY, STATE.
- 101** is in the top right corner.
- 19** is in the date field.
- PAY TO THE ORDER OF:** followed by a blank line.
- \$** followed by a blank box for the amount.
- DOLLARS** is written below the amount box.
- 4** points to the **NAME OF YOUR BANK** field.
- 5** points to the **Payable Through Another Bank** checkbox.
- For** followed by a blank line.
- The MICR line at the bottom contains: **⑆021001082⑆ 123 456 789⑆ 0101**.
- Below the MICR line, three boxes are labeled: **ROUTING NUMBER 1**, **ACCOUNT NUMBER 2**, and **CHECK NUMBER**.

1. ROUTING TRANSIT NUMBER - Here you would put "021001082"
2. ACCOUNT NUMBER - Here you would put "123-456-789". Note the use of the dash symbol. (Include dashes where the symbol ■ ■ ■ appears on the check or card.)
3. ACCOUNT TITLE (must include employee name)
4. FINANCIAL INSTITUTION NAME
5. If your check or sharedraft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit processing.

4. ALLOTMENT INFORMATION

ALLOTMENT TYPE

SAVINGS (If this option is checked, this will allow the specified allotment to be credited to an account owned by the payee.)

Savings allotments are limited to two. Savings allotments must be in whole dollar amounts (no cents). The dollar amount of allotments may not exceed the pay due an employee per pay period.

DISCRETIONARY OR THIRD PARTY (If this option is checked, this will allow the specified allotment to be credited to an account not owned by the payee.) Certain restrictions may apply as to the kind of allotments your agency will allow. Check with your agency to determine what kinds of allotments it will allow. ANY CHANGES TO THE ALLOTMENT INFORMATION FURNISHED ON THIS REQUEST MUST BE MADE USING A NEW FASTSTART FORM.

TYPE OF ACCOUNT (Put an "X" in the appropriate space to indicate a checking or savings account.)

ACTION (Put an "X" in the appropriate space to indicate start/cancel/change.)

AMOUNT (Put an "X" in the appropriate space to indicate if an allotment is an increase, decrease and always indicate \$ amount.)

ALLOTTEE'S ROUTING NUMBER: Enter person's/company financial institution 9-digit routing transit number.

ALLOTTEE'S ACCOUNT NUMBER: Enter the account number to which the allotment payment will be deposited.

ALLOTTEE'S ACCOUNT NUMBER: Enter account holder's name on the account at the financial institution.

FINANCIAL INSTITUTION NAME: Enter the name of the financial institution to which the payment should be sent.

5. AUTHORIZATION

Sign and date the request form after you have carefully read the instructions and Privacy Act Statement.

6. AGENCY USE (This space is reserved for agency use.)

CHANGES AND CANCELLATIONS - Contact your agency for instructions.