



U. S. DEPARTMENT OF THE INTERIOR
OFFICE OF SURFACE MINING
RECLAMATION AND ENFORCEMENT
DIRECTIVES SYSTEM

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403

Date: 12/17/87

Subject:

DELIVERY OF PAYROLL CHECKS AND U.S. SAVINGS BONDS

Approval:

Jed 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.

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)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (street, route, P.O. Box, APO FPO)		E DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (Check only one)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____	
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)	
Prefix	Suffix	TYPE	AMOUNT
PAYEE/JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)	
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.		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
SIGNATURE	DATE	SIGNATURE	DATE

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

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>
		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 201.				
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.

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 _____

**AUTHORIZATION FOR PURCHASE AND REQUEST FOR CHANGE
UNITED STATES SERIES EE SAVINGS BONDS**

FOR AGENCY USE

SBO 1192

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
 (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. _____

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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)

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