

Check Here ___ If address in Section 1 should only be used for mailing of salary/other payments.

EMPLOYEE INFORMATION FORM

Please Print or Type

Section 1 Employee Information, W-2, and Thrift Savings Plan Mailing Address

Operating Administration: _____

Employee Name (Last, First, M.I.) _____ Social Security Number _____

Street Address _____

City, State (see reverse), and zip code _____ **State Abbreviations**

Note: To purchase or to change mailing address for U.S. Savings Bonds under the Payroll Savings Plan, use Form SBD 2090.

Section 2 Direct Deposit of Employee Salary/Travel/Other Payments

Check one: _____ Initial or _____ Change

Check one: Salary Payments Only _____

Other Payments Only _____

Both _____

Check one: Type of Account: _____ Savings or _____ Checking

For checking accounts, rather than completing the rest of this selection, you may attach a voided check only if your financial institution does not use a correspondent bank (some credit unions use correspondent banks).

Routing Transit Number: _____ Check Digit _____

Account Number: _____
(Up to 17 digits)

Account Title: _____
(Account Holder's Name)

Financial Institution Name: _____

Section 3 Allotment of Pay (For Additional Allotments Use Additional Form)

Check one: _____ Initial or _____ Change

Amount (Check one)

Type of Account: _____ Savings or _____ Checking

_____ Start _____ Increase To

_____ Cancel _____ Decrease To

Routing Transit Number: _____ Check Digit _____ \$ _____ .00
(Whole dollars only)

Account Number: _____
(Up to 17 digits)

Account Title: _____
(Account Holder's Name)

Financial Institution Name: _____

Authorization (Always complete this section)

Employee Signature: _____ Work Phone No. _____ Date: _____

STATE ABBREVIATIONS

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State Name	Abbreviation	State Name	Abbreviation	State Name	Abbreviation
Alabama	AL	Kentucky	KY	North Dakota	ND
Alaska	AK	Louisiana	LA	Ohio	OH
Arizona	AZ	Maine	ME	Oklahoma	OK
Arkansas	AR	Maryland	MD	Oregon	OR
California	CA	Massachusetts	MA	Pennsylvania	PA
Colorado	CO	Michigan	MI	Rhode Island	RI
Connecticut	CT	Minnesota	MN	South Carolina	SC
Delaware	DE	Mississippi	MS	South Dakota	SD
District of Columbia	DC	Missouri	MO	Tennessee	TN
Florida	FL	Montana	MT	Texas	TX
Georgia	GA	Nebraska	NE	Utah	UT
Hawaii	HI	Nevada	NV	Vermont	VT
Idaho	ID	New Hampshire	NH	Virginia	VA
Illinois	IL	New Jersey	NJ	Washington	WA
Indiana	IN	New Mexico	NM	West Virginia	WV
Iowa	IA	New York	NY	Wisconsin	WI
Kansas	KS	North Carolina	NC	Wyoming	WY

OUTLYING AREAS OF THE UNITED STATES ABBREVIATIONS

Area	Abbreviation
Canal Zone	CZ
Guam	GU
Puerto Rico	PR
Virgin Islands	VI

Privacy Act Statement

This information is solicited under authority of 5 USC 5301 *et seq.* Submission of all the data is mandatory except for the Social Security Number (SSN) which is voluntary. The purpose of this information is to have your correct address. This information will be used for mailing your check and Form W-2, Wage and Tax Statement. In addition, it may be used to mail notifications concerning your retirement, benefits earned, and information publications.

Disclosure of your SSN is voluntary. Collection of your SSN is authorized by Executive Order 9397. Disclosure will facilitate maintenance of your payroll records which are maintained in SSN order and cross referenced by your name in alphabetical order to provide prompt access. The SSN is used by the payroll office to accurately process your salary payments. Failure to provide your SSN may result in a delay in processing your salary.