Return Completed form to GEBA at
OPS2A VCC or
P.O. Box 206
Annapolis Junction, MD 20701

Government Employees' Benefit Association, Inc.

Request by Employee for Allotment of Pay for Credit to Savings Account with a Financial Organization

PAYROLL USE ONLY

TL _____ ETP _____ AFACC _____
LTD _____ AFCAN _____ DEN _____ Total: _____
LTDH _____ AFHI _____ SRP _____

TIMEKEEPER NO.

TO BE INITIATED BY EMPLOYEE AND COMPLETED BY THE FINANCIAL ORGANIZATION

(1) NAME OF EMPLOYEE (AS STATED ON PAYROLL)

LAST NAME | FIRST NAME | INIT.

(2) SOCIAL SECURITY NUMBER

(3) HOME ADDRESS

(4) AGENCY

TO: 9800 Savage Road, Ft. George G. Meade, MD 20755. Attention: N41

You are hereby authorized and requested, in accordance with 31 CFR Part 209, subject to all the conditions stated on this document, to deduct from salaries or wages due me the amount specified below for remittance to the financial organization designated below, for credit to my savings account, beginning with the next full pay period and continuing until canceled by me in writing.

(5) FINANCIAL ORGANIZATION DESIGNATED (TO RECEIVE REMITTANCE)

(5A) NAME

CENTRAL BANK and TRUST COMPANY

(5B) IDENTIFICATION NUMBER

6101536055

(5C) EMPLOYEE ACCOUNT NUMBER

10214125011

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(5D) AMOUNT OF ALLOTMENT

$ .00

(5E) ADDRESS

KINKAID TOWERS

CITY AND STATE

LEXINGTON KENTUCKY

ZIP CODE

40508

(5F) EFFECTIVE DATE

(6) ACTION REQUIREMENT CHECK ONE

☐ 963 CANCEL EXISTING AUTHORIZATION ☐ 937 INITIAL AUTHORIZATION ☐ 938 CHANGE EXISTING AUTHORIZATION

(7) SIGNATURE OF EMPLOYEE AND DATE SUBMITTED TO AGENCY

TO BE COMPLETED BY FINANCIAL ORGANIZATION (for return of original and copy to employee and retention of copy)

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. (5C), so as to be included in the records accompanying remittances.

THE FINANCIAL ORGANIZATION WILL CHECK WHICHEVER OF THE FOLLOWING PROVISIONS IS APPLICABLE:

☒ The address in Block No. (5E) 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" is inserted in Block No. (5B).

☐ 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 offices where the savings accounts are maintained. The related branch office for this allotment of pay is identified by the parenthetical suffix inserted with our "employer identification number" in Block No. (5B), coordinate with the address shown in Block No. (5E).

AUTHORIZED SIGNATURE	TITLE	DATE
	Commercial Banking Officer	

FOR SPECIAL ATTENTION (AND FOR INFORMATION OF THE 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 pay day – 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 financial organization. It should be understood that such remittance may be received in the financial organization later than the regular pay day – possibly three or four business days later.