AUTHORIZATION FOR PURCHASE AND REQUEST FOR CHANGE
UNITED STATES SERIES EE SAVINGS BONDS OR
UNITED STATES SERIES I (INFLATION-INDEXED) SAVINGS BONDS
(PRINT IN INK or TYPE)

DATE _____ SOCIAL SECURITY NUMBER _____

EMPLOYEE'S NAME _____
(First Name) (Middle Name or Initial) (Last Name)

_____
DEPARTMENT LOCATION WORK PHONE

REQUESTED ACTION ☐ A. New Allotment ☐ B. Increase Allotment ☐ C . Change Denomination ☐ D. Change Inscription ☐ E. Termination ☐ F . Other Action (Describe Below)
For allotment options, see your Campaign volunteer or payroll office

OTHER ACTION If checked above _____

_____

_____

If you checked A, B, or C above indicate amount to be allotted each pay period. $_____

CHOOSE SERIES ☐ **I BOND** ☐ **EE** (The price of an EE bond is equal to half the denomination of the bond being purchased)
(The price of an I bond is equal to the denomination of the bond being purchased)

SELECT DENOMINATION ☐ $100 ☐ $200 ☐ $500 ☐ $1000
I Bond or Series EE

BOND INSCRIPTION Complete the following if (a) you checked A or D above; or (b) you have multiple Bond allotments **(PRINT or TYPE)**

OWNER'S NAME _____

SOCIAL SECURITY NO. (Required) _____

ADDRESS _____

_____
(City or Town) (State) (Zip Code)

Check one if you wish to designate a co-owner or beneficiary ☐ **CO –OWNER** ☐ **BENEFICIARY**

NAME _____
(First Name) (Middle Name or Initial) (Last Name)

SOCIAL SECURITY # _____

NOTE: Married women should use their given names, e.g., "Mary L. Smith". If co owner or beneficiary is designated, the inclusion of that individual's Social Security number is desirable but not required. The use of courtesy titles is optional

EFFECTIVE FIRST PAYROLL PERIOD AFTER _____

EMPLYEE'S SIGNATURE _____
(Return signed form to your payroll office or campaign volunteer)

I hereby authorize the foregoing allotment from my pay for the purchase of U.S. Savings Bonds to be issued with the inscription shown on this form. This Authorization is to remain in effect until cancelled by me in writing or termination of my employment.

NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

The Treasury Department's Bureau of the Public Debt keeps records about who owns savings bonds. Please fill in the information that applies to you so that we can issue savings bonds and keep accurate records as authorized by Title 31 of the United States Code, Chapter 31. We don't disclose any information except as authorized by law.

We estimate it will take you about .01 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt. Forms Management Officer, Parkersburg, WV 26106-1328.