UNITED STATES POSTAL SERVICE

DIRECT DEPOSIT

Reset

PRIVACY ACT: The collection of this information is authorized by 39 USC 401, 1003 and 5 USC 8339. This information will be used to transfer your salary or portion thereof, to financial organizations for credit to your designated account. As a routine use, the information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes, where pertinent in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR1613; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; to a labor organization as required by the National Labor Relations Act; to agencies having taxing authority for taxing purposes; to financial organizations receiving allotments; to State Employment Security Agencies to process unemployment compensation claims; to a Federal or State agency providing parent locator service or to other authorized persons as defined by Pub. L. 93-647 to the National Association of Postal Supervisors that relates to postal supervisors; to the Office of Personnel Management, Social Security Administration, Veterans Administration, Office of Workers' Compensation Programs, health insurance carriers, or plans, or other program management agencies or retirement systems for use in determining a claim for benefits; and to OPM for its active employee/annuitant data systems used to analyze Federal Retirement and insurance costs. Completion of this form is voluntary; however, if this information is not provided, your desires may not be met.

PART I — *(Initiated by Employee)*

1. Employee Name *(As Shown on Check)*

2. Social Security Number

3. Home Address *(No. and Street, Apt, City, State, ZIP + 4)*

4a. Postal Installation Where Employed (*City, State, ZIP + 4*)

4b. Finance Number

Complete Applicable Item(s) Below

5a. REQUIRED Action *(Check ONLY one)*

❑ ESTABLISH a Net Check ❑ CANCEL a Net Check ❑ CHANGE a Net Check Financial Organization

5b. ESTABLISH an ALLOTMENT in the Amount of:
$ .00

5c. CHANGE MY PRESENT ALLOTMENT
From $ .00 To $ .00

5d. CANCEL my ALLOTMENT in the Amount of:
$ .00

5e. Check (✓) This Item if You Have More Than One Allotment to a Financial Organization ❑

I certify that I am entitled to the payment identified above, and that I have read and understand the information printed above. In signing this form, I authorize my payment to be sent to the financial organization named below to be deposited to the designated account.

6a. Employee (Signature)

6b. Date Signed

6c. Effective Date[1]

PART II — *(Employee to Complete Section 7c with Your USPS Employee ID No.)*

Financial Organization Certification

I confirm the identity of the above named payee(s) and the account number and title. As representative of the below named financial organization, I certify that the financial organization agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210. Pursuant to Treasury Department regulations, multiple deposits will not be made to a single common account, except for those joint accounts (such as husband and wife) in which the employee's name(s) appear in the title.

7a. Financial Organization *(Name, No. and Street, City, State, ZIP + 4)*

Wells Fargo Bank
MAC P6101 - 076
1300 SW 5th Avenue, 7th Floor
Portland, OR 97201

7b. Financial Organization Routing Number — Check Digit[2]

1 0 7 0 0 5 4 3 — 2

7c. Group Account Number to Be Credited (Up to 17 Positions)

2 8 5 4 T H E S T

USPS Employee ID No.

7d. Type of Account
☑ Savings ❑ Checking

Authorized By

8a. Name (Print or Type)
Richard F. Ford

8b. Title
Vice President

8c. Signature

8d. Date Signed
December 2006

[1] Request must be received at DDE site no late than Wednesday of the week in which the pay period ends in order to be effective for a particular day period. Late receipts will be processed the following pay period.

[2] Financial organizations must furnish their 'routing transit number' (the number assigned by Rand McNally). This is an eight digit number PLUS a single number check digit. It is IMPORTANT that this number be accurate, as disbursements will be made according to this routing number.

Print