

AUTHORIZATION FOR PURCHASE AND REQUEST FOR CHANGE
UNITED STATES SAVINGS BONDS

Series **EE**

DATE	PRINT OR TYPE IN INK			
EMPLOYEE'S NAME: (First) _____ (Initial) _____ (Last) _____			Soc. Sec. Or Emp. Payroll No. _____	
DEPARTMENT/AGENCY	BUREAU OR OFFICE	LOCATION	WORK PHONE	
<input type="checkbox"/> New Allotment <input type="checkbox"/> Increase Allotment <input type="checkbox"/> Change Denomination <input type="checkbox"/> Change Inscription <input type="checkbox"/> Other Action E. (Describe in E. below)				
(If you checked A, B or C above, complete the following)		AMOUNT TO BE ALLOTTED EACH PAY PERIOD*	BOND DENOMINATION	
_____ →		→\$ _____	<input type="checkbox"/> \$100 (\$50) <input type="checkbox"/> \$200 (\$100) <input type="checkbox"/> \$500 (\$250) <input type="checkbox"/> \$1,000 (\$500)	
BOND INSCRIPTION Complete the following if (a) you checked A or D above; or (b) you have multiple Bond allotments				
OWNER'S NAME (First Name) _____ (Middle Name or Initial) _____ (Last Name) _____			SOCIAL SECURITY NO. (Required) _____	
(Number and Street)				
ADDRESS { _____ (City or Town)		(State) _____	(Zip Code) _____	
Check CO-OWNER OR <input type="checkbox"/> (First Name) _____ (Middle Name or Initial) _____ (Last Name) _____			SOCIAL SECURITY NO. (Optional) _____	
One BENEFICIARY: <input type="checkbox"/>				

*For additional options, see your campaign volunteer or payroll office.

E. OTHER ACTION (Explain)

Note: The furnishing of a Social Security number for the owner or first named co-owner of a Bond is required by the regulations governing Savings Bonds, i.e., Department Circular PD Series 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 requested information may prevent completion of the transaction. 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.

I hereby authorize the foregoing allotment from my pay for the purchase of U.S. Savings Bonds Series EE to be issued with the inscription shown on this form.

This authorization is to remain in effect until canceled by me in writing or termination of my employment. EFFECTIVE ON FIRST PAYROLL PERIOD AFTER

 Date _____ Employee's Signature (Must be same as shown on payroll.) _____