

STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION

OFFICE OF ACCOUNTS AND CONTROL
One Capitol Hill, Providence, RI 02908-5883

EMPLOYEE TREASURY DIRECT PAYROLL DEDUCTION AUTHORIZATION / CANCELLATION

INSTRUCTIONS:

PLEASE TYPE OR PRINT IN INK. Forward form to your department/agency payroll office. The form will be forwarded to the Office of Accounts and Control after verification of data.

All information on this form must be supplied for: 1) a new TreasuryDirect deduction authorization, 2) a change in the deduction amount, or 3) a TreasuryDirect deduction cancellation.

<p>A. NAME:</p>	<p>B. SOCIAL SECURITY NUMBER: ____ / ____ / _____</p>
<p>C. DEPARTMENT/AGENCY:</p>	<p>D. PAYROLL ACCOUNT NUMBER: ____ / _____ / ____</p>
<p>E. FINANCIAL INSTITUTION: TREASURYDIRECT</p>	<p>F. BANK ROUTING NUMBER: 0517 / 3615 / 8</p>
<p>F. AMOUNT OF BI-WEEKLY DEDUCTION \$_____.00 (PLEASE USE WHOLE DOLLARS)</p>	<p>G. EMPLOYEE'S TREASURYDIRECT ACCOUNT NUMBER (OBTAIN BY REGISTERING AT www.treasurydirect.gov) _____</p>
<p>H. EMPLOYEE'S TREASURYDIRECT "MANAGE DIRECT" FUNDING OPTION <u>PLEASE CHECK ONE:</u> <input type="checkbox"/> PAYROLL SAVINGS PLAN (ADD "P" TO THE END OF ACCOUNT NUMBER ABOVE) <input type="checkbox"/> ACH CREDITS</p>	
<p>I. EMPLOYEE AUTHORIZATION/CANCELLATION: I AUTHORIZE THE FOLLOWING ACTION: <u>PLEASE CHECK ONE:</u> <input type="checkbox"/> NEW DEDUCTION <input type="checkbox"/> CHANGE DEDUCTION <input type="checkbox"/> CANCEL DEDUCTION</p>	
<p>DATE: _____</p>	<p>SIGNATURE: _____</p>

Controller's Office Only
Date: _____ Initials _____