

STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION

OFFICE OF ACCOUNTS AND CONTROL
One Capital 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.

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| <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 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 _____