

Postal Direct Deposit (form 1199-A)



PRIVACY ACT: The collection of this information is authorized by 38 U.S.C. 401, 1003 and 5 U.S.C. 8339. This information will be used to transfer your salary of portion thereof, to financial organizations for credit to your designated account. As a routine use, this information may be disclosed to those financial organizations, to an appropriate law enforcement agency for investigative or prosecutive purposes, to a congressional office at your request, to DMB for review or private relief legislation and, where pertinent, in a legal proceeding to which the Postal Service is a party. Completion of this form is voluntary; however, if you fail to provide this information, your requested action will not be accomplished.

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									
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Complete Only ONE Item Below											
5a. ESTABLISH a NET CHECK to a Financial Institution <input type="checkbox"/>		5b. CANCEL a NET CHECK to a Financial Institution <input type="checkbox"/>									
5c. ESTABLISH an ALLOTMENT in the Amount of: \$.00		5d. CHANGE My PRESENT ALLOTMENT From \$.00 To \$.00									
5e. CANCEL my ALLOTMENT in the Amount of: \$.00		5f. Check () This Item if you Have More Than one Allotment to a Financial Organization <input type="checkbox"/>									
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 Institution named below to deposited to the designated account.											
6a. Employee (Signature)		6b. Date Signed	6c. Effective Date ¹								

Part II - (Completed by Financial Organization, Return Original and Copy to Employee)

Financial Institution Certification												
I confirm the identity of the above named payee(s) and the account number and title. As representative of the below named financial institution, I certify that the financial institution 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 common account.												
7a. Financial Organization (Name, No. and Street, City, State, ZIP +4)	7b. Financial Organization Routing Number Check Digit ²											
NAPFE FEDERAL CREDIT UNION 1628 11TH STREET, N. W. WASHINGTON, D. C. 20001-5011	<table border="1"> <tr> <td>2</td><td>5</td><td>4</td><td>0</td><td>—</td><td>7</td><td>9</td><td>8</td><td>7</td><td>4</td><td></td> </tr> </table>	2	5	4	0	—	7	9	8	7	4	
2	5	4	0	—	7	9	8	7	4			
	7c. Employee s Account Number To Be Credited (Up to 17 positions)											

	7d. Type of Account <input type="checkbox"/> Savings <input type="checkbox"/> Checking											
Authorized By												
8a. Name (Print or Type)	8b. Title											
8c. Signature	8d. Date Signed											
<p>¹ Request must be received as Postal Data Center or DDE site no later than Wednesday of the week in which the pay period ends in order to be effective for a particular pay period. Later receipts will be processed the following pay period.</p> <p>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 be accurate, as disbursements will be made according to this routing number.</p>												