FASTSTART

DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

*Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.*

**1. EMPLOYEE INFORMATION**

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER: 1 2 3 4 5 6 7 8 9

EMPLOYEE NAME (as on payroll records): DOE JANE
(Last, First, Initials)

TELEPHONE NUMBER (WORK): 703 555 1234 (HOME): 571 222 1213

**2. TYPE OF ACCOUNT**

- [x] Checking
- [ ] Savings

TYPE OF PAYMENT

- [x] Net Pay
- [x] Travel
- [x] Other Federal employment related payments

**3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)**
A voided personal check/sharedraft may be attached in lieu of completing this section.
See instructions on back of this form.

ROUTING TRANSIT NUMBER: 9 4 5 0 0 4 1 5 — Check Digit: 0

ACCOUNT NUMBER: 8 8 9 4 1 1 2 7 1 0 0 1 0

ACCOUNT TITLE: JANE DOE
(Account Holder s Name)

FINANCIAL INSTITUTION NAME: First National Bank

**4. ALLOTMENT INFORMATION**
Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

| TYPE OF ALLOTMENT (Check One) | TYPE OF ACCOUNT (Check One) | ACTION (Check One) | AMOUNT (Check One) |
|---|---|---|---|
| [ ] Savings (whole dollar amounts only) | [ ] SAVINGS | [ ] START | [ ] INCREASE TO: |
| [ ] Discretionary or Third Party | [ ] CHECKING | [ ] CANCEL | [ ] DECREASE TO: |
| | | [ ] CHANGE | New Total $_____ |

ALLOTTEE NAME (person/company who will receive allotment):

ALLOTTEE S ROUTING NUMBER: Check Digit:

ALLOTTEE S ACCOUNT NUMBER:

ALLOTTEE S ACCOUNT TITLE (Account Holder s Name):

FINANCIAL INSTITUTION NAME:

**5. AUTHORIZATION**

* Jane Doe — EMPLOYEE S SIGNATURE

09/09/2016 — DATE

**6. AGENCY USE:**

## PRIVACY ACT STATEMENT

The collection of the information you are requested to provide on this form is authorized under 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent.

## INSTRUCTIONS FOR PROCESSING FASTSTART AUTHORIZATION

PURPOSE

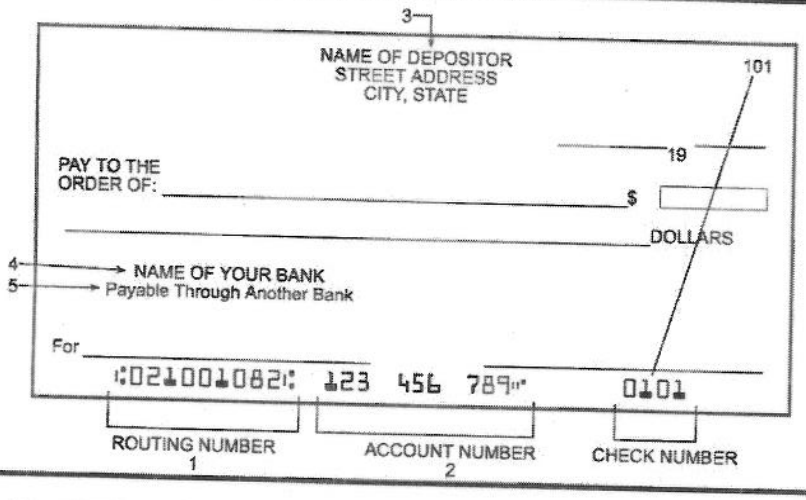
*You may use this form to provide instructions for processing your net salary. You may also use this for to provide instructions for processing allotments and other agency - approved payments associated with your Federal employment.*

1. EMPLOYEE INFORMATION (always complete this section)

2. TYPE OF ACCOUNT/PAYMENT (Put an X in the appropriate space to indicate a checking or savings account and type of payment.)

3. DIRECT DEPOSIT ACCOUNT INFORMATION
   ROUTING TRANSIT NUMBER (your financial institution s 9-digit routing transit number)
   ACCOUNT NUMBER (your account number at your financial institution)
   ACCOUNT TITLE (the depositor s name on the account to which payments are to be directed)
   FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be directed)

The Routing Transit Number (RTN) can be obtained from the financial institution or found on the bottom of a check.




1. ROUTING TRANSIT NUMBER - Here you would put 021001082

2. ACCOUNT NUMBER - Here you would put 123-456-789 . Note the use of the dash symbol. (Include dashes where the symbol appears on the check or card.

3. ACCOUNT TITLE (must include employee name)

4. FINANCIAL INSTITUTION NAME

5. If your check or sharedraft includes payable through under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit processing.

4. ALLOTMENT INFORMATION

ALLOTMENT TYPE

SAVINGS (If this option is checked, this will allow the specified allotment to be credited to an account owned by the payee.) Savings allotments are limited to two Savings allotments must be in whole dollar amounts (no cents). The dollar amount of allotments may not exceed the pay due an employee per pay period.

DISCRETIONARY OR THIRD PARTY (If this option is checked, this will allow the specified allotment to be credited to an account not owned by the payee.) Certain restrictions may apply as to the kind of allotments your agency will allow. Check with your agency to determine what kinds of allotments it will allow. ANY CHANGES TO THE ALLOTMENT INFORMATION FURNISHED ON THIS REQUEST MUST BE MADE USING A NEW FASTSTART FORM.

TYPE OF ACCOUNT (Put an X in the appropriate space to indicate a checking or savings account.)
ACTION (Put an X in the appropriate space to indicate start/cancel/change.)
AMOUNT (Put an X in the appropriate space to indicate if an allotment is an increase, decrease and always indicate $ amount.)

ALLOTTEE S ROUTING NUMBER: Enter person s/company financial institution 9-digit routing transit number.
ALLOTTEE S ACCOUNT NUMBER: Enter the account number to which the allotment payment will be deposited.
ALLOTTEE S ACCOUNT NUMBER: Enter account holder s name on the account at the financial institution.
FINANCIAL INSTITUTION NAME: Enter the name of the financial institution to which the payment should be sent.

5. AUTHORIZATION
   Sign and date the request form after you have carefully read the instructions and Privacy Act Statement.

6. AGENCY USE (This space is reserved for agency use.)

CHANGES AND CANCELLATIONS - Contact your agency for instructions.