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FRTIB Direct Deposit Agreement Form

Authorization Agreement

All of the information on this form is confidential and is needed to prove entitlement to payments. The information will be u sed to process payment data from Federal Retirement Thrift Investment Board to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

This agreement will remain in effect until the Federal Retirement Thrift Investment Board receives a written notice of cancel lation from me or my financial institution, or until a new direct deposit form to the Payroll Department is submitted to the Human Resources Division.

I hereby authorize the Federal Retirement Thrift Investment Board to initiate automatic deposits to my account at the financial institution named below. I also authorize the Federal Retirement Thrift Investment Board to make withdrawals from this account in the event that a credit entry is made in error. Further, I agree not to hold the Federal Retirement Thrift Investment Board responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

Employee Name Signature and Date		е	
Payee Information			
Address: (street)			
City:	State: Zip	Zip Code:	
Tolonhono #			
To ensure your electronics funds are posted accurately, please provide a voided check / bank account printout for the account information below.			
Account Information for NET Pay			
Name of Financial Institution:			
Routing Number: _		Checking	
Account Number: _		Savings	
Allotment #1			
Name of Financial Institution:			
Routing Number:		Checking	
Account Number:		Savings	
Allotment Amount:	Frequency:		
Allotment #2			
Name of Financial Institution:			
Routing Number:		Checking	
Account Number:		Savings	
Allotment Amount:	Frequency:		
Allotment #3			
Name of Financial Institution:			
Routing Number:		Checking	
Account Number:		Savings	
Allotment Amount:	Frequency:		

If you have more than 3 allotments please duplicate this form.

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