

## Authorization for Direct Payments

Through the use of **Pre-Authorized Direct Payments**, you can now make your payments to Life Insurance Premium, Service Credit, and deposits to Voluntary Contribution to OPM automatically from your checking or savings account — without writing a check and mailing your payment. Each month or week (voluntary contributions only), we will deduct your payment from your bank account on the date you indicate. You will receive a receipt through the mail from OPM.

Staple voided check from checking account or deposit ticket or withdrawal ticket from savings account here.

Please check one:

New Enrollment       Change Enrollment       Discontinue Pre-Authorized Direct Payment Service

I authorize the U.S. Office of Personnel Management (OPM), to initiate debit entries to my  Checking or  Savings account (select one) indicated below at the depository financial institution named below, hereinafter called depository, and to debit the same to such account.

Name		Telephone number (including area code)	
Address (including city, state, & ZIP code)		Social Security Number	
Name of your financial institution		Branch	
City, state, & ZIP code			
Account number (check only one)		Bank routing number	
<input type="checkbox"/> Checking	Account number		
<input type="checkbox"/> Savings	Account number		
Please indicate payment type			
Date of birth (mm/dd/yyyy)	Account number	<input type="checkbox"/> Voluntary contribution (must be a minimum or multiples of \$25.00)	
<input type="checkbox"/> Service credit (minimum of \$50.00)	D	Account number	Date of birth (mm/dd/yyyy)
<input type="checkbox"/> Life insurance premium	L	<b>VC</b>	
Payment due date (monthly payments only)	Payment amount \$	Payment amount \$	Frequency of payments:
			<input type="checkbox"/> Weekly (Every Friday)
			<input type="checkbox"/> Monthly-payment due date:
This authorization is to remain in full force and effect until OPM has received written notification from me of its termination in such time and in such manner as to afford OPM and the <b>Depository</b> a reasonable opportunity to act on it. I may revoke my authorization at any time by providing written notification via a letter or by completing an Authorization for Direct Payments Form provided by OPM and selecting "Discontinue Pre-Authorized Direct Payment Service" enrollment. The letter or Authorization Form must be mailed to the address at the top of this form.			
Signature			Date (mm/dd/yyyy)

If you have any questions concerning Service Credit or Life Insurance, please contact OPM at: 1-202-606-0706. If you have any questions concerning Voluntary Contributions, please contact OPM at: 1-888-828-9451.

Any changes to the bank account, payment amount, or payment due date must be received using this Authorization Form at least 14 days before the regularly scheduled payment date. Please mail changes to the above address.

For OPM Depository Use Only	
Date processed	
Processed by	
First scheduled payment date	

**PLEASE KEEP THE BOTTOM COPY OF THIS FORM FOR YOUR RECORDS. RETURN TOP TWO COPIES.**

### **Privacy Act Statement**

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a Social Security Number or Tax Identification Number. This is an amendment to title 31, Section 7701. Furnishing the data requested is voluntary, but failure to do so may delay or make it impossible for us to process this application. The information you furnish will be used to identify records properly associated with your application, to obtain additional information if necessary, and to maintain a uniquely identifiable file.

## Authorization for Direct Payments

Through the use of **Pre-Authorized Direct Payments**, you can now make your payments to Life Insurance Premium, Service Credit, and deposits to Voluntary Contribution to OPM automatically from your checking or savings account — without writing a check and mailing your payment. Each month or week (voluntary contributions only), we will deduct your payment from your bank account on the date you indicate. You will receive a receipt through the mail from OPM.

Staple voided check from checking account or deposit ticket or withdrawal ticket from savings account here.

Please check one:

New Enrollment       Change Enrollment       Discontinue Pre-Authorized Direct Payment Service

I authorize the U.S. Office of Personnel Management (OPM), to initiate debit entries to my  Checking or  Savings account (select one) indicated below at the depository financial institution named below, hereinafter called depository, and to debit the same to such account.

Name		Telephone number (including area code)	
Address (including city, state, & ZIP code)		Social Security Number	
Name of your financial institution		Branch	
City, state, & ZIP code			
Account number (check only one)		Bank routing number	
<input type="checkbox"/> Checking	Account number		
<input type="checkbox"/> Savings	Account number		
Please indicate payment type			
Date of birth (mm/dd/yyyy)	Account number	<input type="checkbox"/> Voluntary contribution (must be a minimum or multiples of \$25.00)	
<input type="checkbox"/> Service credit (minimum of \$50.00)	D	Account number	Date of birth (mm/dd/yyyy)
<input type="checkbox"/> Life insurance premium	L	<b>VC</b>	
Payment due date (monthly payments only)	Payment amount \$	Payment amount \$	Frequency of payments:
			<input type="checkbox"/> Weekly (Every Friday)
			<input type="checkbox"/> Monthly-payment due date:
<p>This authorization is to remain in full force and effect until OPM has received written notification from me of its termination in such time and in such manner as to afford OPM and the <b>Depository</b> a reasonable opportunity to act on it. I may revoke my authorization at any time by providing written notification via a letter or by completing an Authorization for Direct Payments Form provided by OPM and selecting "Discontinue Pre-Authorized Direct Payment Service" enrollment. The letter or Authorization Form must be mailed to the address at the top of this form.</p>			
Signature			Date (mm/dd/yyyy)

If you have any questions concerning Service Credit or Life Insurance, please contact OPM at: 1-202-606-0706. If you have any questions concerning Voluntary Contributions, please contact OPM at: 1-888-828-9451.

Any changes to the bank account, payment amount, or payment due date must be received using this Authorization Form at least 14 days before the regularly scheduled payment date. Please mail changes to the above address.

For OPM Depository Use Only
Date processed
Processed by
First scheduled payment date

**PLEASE KEEP THE BOTTOM COPY OF THIS FORM FOR YOUR RECORDS. RETURN TOP TWO COPIES.**

### **Privacy Act Statement**

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a Social Security Number or Tax Identification Number. This is an amendment to title 31, Section 7701. Furnishing the data requested is voluntary, but failure to do so may delay or make it impossible for us to process this application. The information you furnish will be used to identify records properly associated with your application, to obtain additional information if necessary, and to maintain a uniquely identifiable file.

## *Authorization for Direct Payments*

Through the use of **Pre-Authorized Direct Payments**, you can now make your payments to Life Insurance Premium, Service Credit, and deposits to Voluntary Contribution to OPM automatically from your checking or savings account — without writing a check and mailing your payment. Each month or week (voluntary contributions only), we will deduct your payment from your bank account on the date you indicate. You will receive a receipt through the mail from OPM.

**Staple voided check from checking account or deposit ticket or withdrawal ticket from savings account here.**

Please check one:

<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Enrollment	<input type="checkbox"/> Discontinue Pre-Authorized Direct Payment Service
---	--	--

I authorize the U.S. Office of Personnel Management (OPM), to initiate debit entries to my  Checking or  Savings account (select one) indicated below at the depository financial institution named below, hereinafter called depository, and to debit the same to such account.

Name		Telephone number (including area code)	
Address (including city, state, & ZIP code)		Social Security Number	
Name of your financial institution		Branch	
City, state, & ZIP code			
Account number (check only one)		Bank routing number	
<input type="checkbox"/> Checking	Account number		
<input type="checkbox"/> Savings	Account number		
Please indicate payment type			
Date of birth (mm/dd/yyyy)	Account number	<input type="checkbox"/> Voluntary contribution (must be a minimum or multiples of \$25.00)	
<input type="checkbox"/> Service credit (minimum of \$50.00)	D	Account number	Date of birth (mm/dd/yyyy)
<input type="checkbox"/> Life insurance premium	L	<b>VC</b>	
Payment due date (monthly payments only)	Payment amount \$	Payment amount \$	Frequency of payments:
			<input type="checkbox"/> Weekly (Every Friday)
			<input type="checkbox"/> Monthly-payment due date:
This authorization is to remain in full force and effect until OPM has received written notification from me of its termination in such time and in such manner as to afford OPM and the <b>Depository</b> a reasonable opportunity to act on it. I may revoke my authorization at any time by providing written notification via a letter or by completing an Authorization for Direct Payments Form provided by OPM and selecting "Discontinue Pre-Authorized Direct Payment Service" enrollment. The letter or Authorization Form must be mailed to the address at the top of this form.			
Signature			Date (mm/dd/yyyy)

If you have any questions concerning Service Credit or Life Insurance, please contact OPM at: 1-202-606-0706. If you have any questions concerning Voluntary Contributions, please contact OPM at: 1-888-828-9451.

Any changes to the bank account, payment amount, or payment due date must be received using this Authorization Form at least 14 days before the regularly scheduled payment date. Please mail changes to the above address.

For OPM Depository Use Only
Date processed
Processed by
First scheduled payment date

**PLEASE KEEP THE BOTTOM COPY OF THIS FORM FOR YOUR RECORDS. RETURN TOP TWO COPIES.**

### **Privacy Act Statement**

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a Social Security Number or Tax Identification Number. This is an amendment to title 31, Section 7701. Furnishing the data requested is voluntary, but failure to do so may delay or make it impossible for us to process this application. The information you furnish will be used to identify records properly associated with your application, to obtain additional information if necessary, and to maintain a uniquely identifiable file.