

STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION

OFFICE OF ACCOUNTS AND CONTROL
One Capitol 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.

A. NAME:	B. SOCIAL SECURITY NUMBER: _ _ _ / _ _ / _ _ _ _
C. DEPARTMENT/AGENCY:	D. PAYROLL ACCOUNT NUMBER: _ _ _ _ / _ _ _ _ _ / _ _
E. FINANCIAL INSTITUTION: TREASURYDIRECT	F. BANK ROUTING NUMBER: 0517 / 3615 / 8
F. AMOUNT OF BI-WEEKLY DEDUCTION \$ _____ .00 (PLEASE USE WHOLE DOLLARS)	G. EMPLOYEE'S TREASURYDIRECT ACCOUNT NUMBER (OBTAIN BY REGISTERING AT www.treasurydirect.gov) _ _ _ _ _ _ _ _ _ _
H. EMPLOYEE'S TREASURYDIRECT "MANAGE DIRECT" FUNDING OPTION <u>PLEASE CHECK ONE:</u> <input type="checkbox"/> PAYROLL SAVINGS PLAN (ADD "P" TO THE END OF ACCOUNT NUMBER ABOVE) <input type="checkbox"/> ACH CREDITS	
I. 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	
DATE: _____	SIGNATURE: _____

Controller's Office Only
Date: _____ Initials _____