

PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS

U.S. Treasury Securities Direct Deposit Form for NYS Employees

(To be used for the purchase of electronic U.S. Treasury Securities including savings bonds, Treasury bills, notes, bonds and TIPS)

Complete this form to establish, change or cancel direct deposit to your TreasuryDirect® account. Print clearly, preferably in capital letters and black ink.

Section A: Employee Information

NAME (LAST, FIRST, MI) _____ WORK PHONE # (____) _____
 LAST FOUR DIGITS OF SOCIAL SECURITY # _____ AGENCY/DEPT CODE _____

Section B: Account Information

Check One: Start Change Cancel

Total Biweekly Direct Deposit Amount: \$ (\$1.00 Minimum)

Receiving Bank Name: BUREAU OF PUBLIC DEBT

ABA Number: 0 5 1 7 3 6 1 5 8

Account Type: SAVINGS

Employee's TreasuryDirect® Account Number (without hyphens) _____

Section C: Employee Certification

I certify that I read and understand the instructions on this form. In signing this form, I authorize my salary payment to be sent to TreasuryDirect® to be deposited into the specified account.

Employee Signature _____ Date _____