

PAY DELIVERY WORKSHEET

EMPLID

Name (Last, First, MI)

Permanent Unit

Purpose: Use this form to indicate where you want your net pay to be delivered. Active Duty, retirees, annuitants, recruits, and reservists are required to have their pay delivered by Direct Deposit/ Electronic Fund Transfer (DD/EFT). If a member is on direct deposit and a pay delivery problem occurs, PPC can normally correct the problem and make payment within 48 hours.

Direct Deposit

Type of Account

Checking

Savings

Submit one of the following:

- FMS Form 2231 (FASTSTART)
- SF 1199A
- account deposit slip
- voided check
- **or** enter direct deposit account information below (see reverse for instructions)

Routing Transit
Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Check Digit

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Title

_____ (Account Holder's Name)

Financial Institution Name

Check mailing address (complete only if a waiver of mandatory direct deposit is approved).

Street/Rural Route/P.O. Box

City, State, Zip Code

Accrue my net pay at PPC
(submit a new worksheet when this option is no longer desired)

DIRECT DEPOSIT ACCOUNT INFORMATION

Use the example below as a guide to record the proper information in the appropriate blocks located on the front of this worksheet.

Name of Depositor-3	101	
Street Address		
City, State	_____20__	
Pay To The Order Of:		
_____	\$ _____	
_____	Dollars	
Name of Your Bank-4		
Payable Through Another Bank-5		
For _____		
!: 021001082: !	123 456 789!!'	0101

Routing Number-1

Account Number-2

Check Number

1. **ROUTING TRANSIT NUMBER** – This is a 9-digit number. Here you would put “021001082”
2. **ACCOUNT NUMBER** - Here you would put “123456789” **Note: A maximum of 14 characters used for number. DO NOT add a dash symbols or blank spaces.**
3. **ACCOUNT TITLE** - (must include member’s name)
4. **FINANCIAL INSTITUTION NAME**
5. If your check or deposit slip includes “payable through” under the bank name, contact the financial institution to help obtain the correct Routing Transit Number.

PRIVACY ACT STATEMENT

In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard:

Authority - 31 USC Section 3332.

Principal Purpose(s) - Used to indicate desired pay delivery method.

Routine Use(s) - Same

Disclosure - Disclosure of this information is voluntary, but without disclosure member’s pay may be distributed incorrectly.

Member’s Signature	Date:	For SPO Use Only	
Command Approval	Date:	Action Completed Date: _____	Initials: _____