

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION							
(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER							
EMPLOYEE NAME (as on payroll records) (Last, First, Initials)							
2. TYPE OF ACCOUNT Checking Savings	A voided perso See instruction ROUTIN	POSIT ACCOUNT INFORMATION - onal check/sharedraft may be attach is on back of this form.	ed in lieu of completing	THER (Use Sec. 4 for allotments) g this section.			
TYPE OF PAYMENT	ACCOUNT NUMBERCheck Digit ACCOUNT NUMBER ACCOUNT TITLE (Account Holder s Name) FINANCIAL INSTITUTION NAME						
Travel Other Federal employment related payments							
4. ALLOTMENT INFORMATION Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.							
TYPE OF ALLOTMENT (Check One) Savings (whole dollar amounts only) Discretionary or Third Party		TYPE OF ACCOUNT (Check One) SAVINGS CHECKING	ACTION (Check One) START CANCEL	AMOUNT (Check One) INCREASE TO: DECREASE TO: New Total \$			
ALLOTTEE NAME (person/company who will receive allotment)							
ALLOTTEE SROUTING NUMBER							
ALLOTTEE SACCOUNT NUMBER							
ALLOTTEE SACCOUNT TITLE (Account Holder s Name)							
FINANCIAL INSTITUTION NAME							
5. AUTHORIZATION							
⊁ 긆	DATE						
6. AGENCY USE:							
FMS form 2231				DEPARTMENT OF THE TREASURY FINANCIAL MANAGEMENT SERVICE			

PRIVACY ACT STATEMENT

The collection of the information you are requested to provide on this form is authorized under 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent.

INSTRUCTIONS FOR PROCESSING FASTSTART AUTHORIZATION

PURPOSE

You may use this form to provide instructions for processing your net salary. You may also use this for to provide instructions for processing allotments and other agency - approved payments associated with your Federal employment.

- 1. EMPLOYEE INFORMATION (always complete this section)
- 2. TYPE OF ACCOUNT/PAYMENT (Put an X in the appropriate space to indicate a checking or savings account and type of payment.)
- 3. DIRECT DEPOSIT ACCOUNT INFORMATION

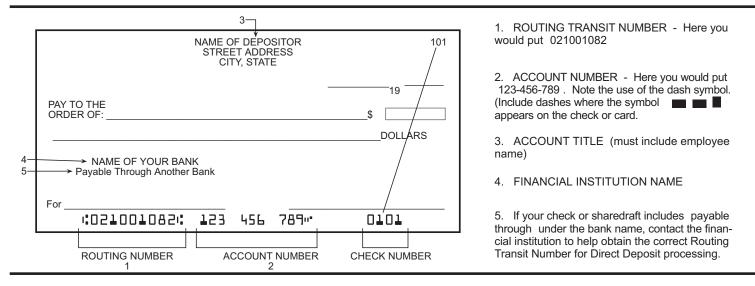
ROUTING TRANSIT NUMBER (your financial institution s 9-digit routing transit number)

ACCOUNT NUMBER (your account number at your financial institution)

ACCOUNT TITLE (the depositor s name on the account to which payments are to be directed)

FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be directed)

The Routing Transit Number (RTN) can be obtained from the financial institution or found on the bottom of a check.



4. ALLOTMENT INFORMATION

ALLOTMENT TYPE

SAVINGS (If this option is checked, this will allow the specified allotment to be credited to an account owned by the payee.) Savings allotments are limited to two. Savings allotments must be in whole dollar amounts (no cents). The dollar amount of allotments may not exceed the pay due an employee per pay period.

DISCRETIONARY OR THIRD PARTY (If this option is checked, this will allow the specified allotment to be credited to an account not owned by the payee.) Certain restrictions may apply as to the kind of allotments your agency will allow. Check with your agency to determine what kinds of allotments it will allow. ANY CHANGES TO THE ALLOTMENT INFORMATION FURNISHED ON THIS REQUEST MUST BE MADE USING A NEW FASTSTART FORM.

TYPE OF ACCOUNT (Put an X in the appropriate space to indicate a checking or savings account.) ACTION (Put an X in the appropriate space to indicate start/cancel/change.) AMOUNT (Put an X in the appropriate space to indicate if an allotment is an increase, decrease and always indicate \$ amount.)

ALLOTTEE S ROUTING NUMBER: Enter person s/company financial institution 9-digit routing transit number. ALLOTTEE S ACCOUNT NUMBER: Enter the account number to which the allotment payment will be deposited. ALLOTTEE S ACCOUNT NUMBER: Enter account holder s name on the account at the financial institution. FINANCIAL INSTITUTION NAME: Enter the name of the financial institution to which the payment should be sent.

5. AUTHORIZATION

Sign and date the request form after you have carefully read the instructions and Privacy Act Statement.

6. AGENCY USE (This space is reserved for agency use.)

CHANGES AND CANCELLATIONS - Contact your agency for instructions.



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TYPE OF PAYMENT	_						
Net Pay							
	ACCOUNT TITLE(Account Holder s Name)						
Other Federal employment related payments	FINANCIAL INSTITUTION NAME						
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FMS FORM 2231				DEPARTMENT OF THE TREASURY FINANCIAL MANAGEMENT SERVICE			

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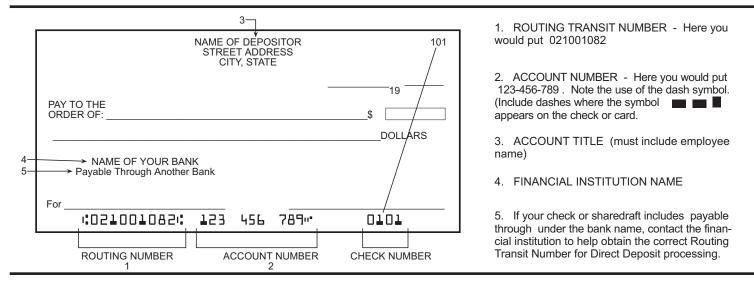
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