

Authorization for Direct Payments

Using **Pre-Authorized Direct Payments** you can pay for life insurance and service credit and make Voluntary Contributions by automatic deductions from your checking or savings account—without writing a check and mailing your payments. We deduct for life insurance at the beginning of each month. We deduct service credit and voluntary contributions payments as you specify and mail you a receipt after each deduction.

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 <input type="checkbox"/> Checking or <input type="checkbox"/> 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 the payment you are authorizing and give the requested information.				
<input type="checkbox"/> Service Credit	Date of Birth (mm/dd/yyyy)	Account Number	Payment Amount (minimum of \$50.00)	Frequency of Payment:
		D	\$	<input type="checkbox"/> Every Friday
				<input type="checkbox"/> Monthly - specify the day:
<input type="checkbox"/> Life Insurance Premium	Account Number	Payment Amount	Monthly payment is due the first day of the month.	
	CSA	\$		
	L			
	SSN			
<input type="checkbox"/> Voluntary Contributions	Date of Birth (mm/dd/yyyy)	Account Number	Payment Amount (must be in multiples of \$25.00)	Frequency of Payment:
		VC	\$	<input type="checkbox"/> Every Friday
				<input type="checkbox"/> Monthly - specify the day:
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 Depository 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 questions –
 call (202) 606-5240 regarding service credit,
 call (202) 606-0706 regarding life insurance,
 call 1-888-828-9451 regarding Voluntary Contributions.

If you need to change the bank account, the payment amount, or the date we deduct monies from your account, send us another Authorization Form in time for us to receive it at least 14 days before the regularly scheduled payment date. Mail the form to the address shown above.

This form is available on the OPM website at <http://www.opm.gov/Forms>.

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

Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 83, title 5, U.S. Code) and the Federal Employees Retirement law (Chapter 84, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application for Federal benefits, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a uniquely identifiable claim file. The information may be shared and is subject to verification via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law.

Executive Order 9397 (November 22, 1943) authorizes the use of the Social Security Number. Furnishing the data requested is voluntary, but failure to do so may delay or make it impossible for us to process this authorization.