

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

PAY DELIVERY WORKSHEET

EMPLID:	Name (<i>Last, First, MI</i>):	Permanent Unit:
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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.

Payment Delivery Method:

Direct Deposit (*complete below if using direct deposit*)

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

Direct Deposit Account Information (*complete only if using Direct Deposit*)

Type of Account: Checking Savings	Submit one of the following: <ul style="list-style-type: none">• FMS Form 2231 (FASTSTART);• SF 1199A;• Account deposit slip;• Voided check; or• Direct Deposit account information below (<i>see page 2 for instructions</i>).
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Routing Transit
Number:

Account Number:

Account Title:

(*Account Holder's Name*)

Financial Institution
Name:

Mailing Address for Check (*complete only if a waiver of mandatory direct deposit is approved*)

Street/Rural Route/P.O. Box

City, State, Zip Code

INSTRUCTIONS: 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 - Account Title (3)		101
Street Address		
City, State, Zip Code		Date _____
PAY TO THE ORDER OF _____		\$ <input style="width: 80px;" type="text"/>
		DOLLARS
Name of Financial Institution (4)		
Payable Through Another Bank (5)		
For _____		
:021001082:	123 456 789 *	0101
Routing Number (1)	Account Number (2)	Check

- (1) **ROUTING TRANSIT NUMBER** - This is a 9-digit number. Here you would put "021001082."
- (2) **ACCOUNT NUMBER** - This has a maximum of 14 numbers. DO NOT add a dash symbol or blank spaces. Here you would put "123456789."
- (3) **ACCOUNT TITLE** - This is the account holder's name. Must include member's name.
- (4) **NAME OF FINANCIAL INSTITUTION**
- (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

Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.

AUTHORITY: 31 U.S.C. § 3332; 37 U.S.C. § 201-203; and COMDTINST M7220.29, Coast Guard Pay Manual

PURPOSE: Information is used to determine the financial institution and account or address for delivery of pay.

ROUTINE USES: Authorized USCG officials will use this information to record and process your pay delivery election. Any external disclosures of information within this record will be made in accordance with DHS/USCG-014, Military Pay and Personnel, 76 Federal Register 66933 (October 28, 2011).

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Providing this information is voluntary. However, failure to provide this information may result in your pay delivery option not processed in a timely manner.

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