

Check Here If address in Section 1 should only be used for mailing of salary/other payments.

EMPLOYEE INFORMATION FORM

Please Print or Type

Section 1 Employee Information, W-2, and Thrift Savings Plan Mailing Address

Operating Administration: DOT - FHWA - WFLHD, Vancouver, Washington

Employee Name (Last, First, Middle Initial)

Social Security Number

Street Address

City, State, and ZIP Code

Note: To purchase or to change mailing address for U.S. Savings Bonds under Payroll Savings Plan, use Form SBD 2090.

Section 2 Direct Deposit of Employee Salary/Travel/Other Payments

Check one: Initial Change

Check one: Salary Payments Only
 Other Payments Only
 Both

Check One: Type of Account: Savings Checking

For checking account, rather than completing the rest of this selection, you may attach a voided check only if your financial institution does not use a correspondent bank (some credit unions use correspondent banks).

Routing Transit Number: _____

Account Number: _____
(Up to 17 digits)

Account Title: _____
(Account Holder's Name)

Financial Institute Name: _____

Section 3 Allotment of Pay (Additional Allotments Use Additional Form)

Check one: Initial Change

Type of Account: Savings Checking

Amount (Check One)
 Start Increase To
 Cancel Decrease To

Routing Transit Number: _____

Account Number: _____
(Up to 17 Digits)

_____ (whole dollars only)

Account Title: _____
(Account Holder's Name)

Financial Institute Name: _____

Authorization (Always complete this section)

Employee Signature: _____ Work Phone No.: _____

Date: _____