

AUTHORIZATION FOR PURCHASE AND REQUEST FOR CHANGE
UNITED STATES INFLATION-INDEXED SAVINGS BONDS

Series I

DATE	PRINT OR TYPE IN INK			
EMPLOYEE'S NAME	(First Name)	(Initial)	(Last Name)	Soc. Sec. or Emp. Payroll No.
DEPARTMENT/AGENCY	BUREAU OR OFFICE	LOCATION	WORK PHONE	
<input type="checkbox"/> A New Allotment	<input type="checkbox"/> B Increase Allotment	<input type="checkbox"/> C Change Denomination	<input type="checkbox"/> D Change Inscription	<input type="checkbox"/> E Other Action (Describe on Reverse)
<small>(If you checked A, B, or C above, complete the following)</small> The price of an I bond is equal to the denomination of the bond being purchased.		AMOUNT TO BE ALLOTTED EACH PAY PERIOD* → \$ _____	BOND DENOMINATION <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000	
BOND INSCRIPTION Complete the following if (a) you checked A or D above; or (b) you have multiple Bond allotments				
OWNER'S NAME	(First Name)	(Middle Name or initial)	(Last Name)	SOCIAL SECURITY NO. (Required)
ADDRESS	{ (Number and Street)			(ZIP Code)
	(City or Town)	(State)		
<input type="checkbox"/> Check One	CO-OWNER <input type="checkbox"/>	(First Name)	(Middle Name or initial)	(Last Name)
	BENEFICIARY <input type="checkbox"/>			SOCIAL SECURITY NO. (Optional)

*For allotment options, see your campaign volunteer or payroll office.

E. OTHER ACTION (Explain)

Privacy and Paperwork Reduction Act Statements: The Treasury Department's Bureau of the Public Debt keeps records about who owns savings bonds. Please fill in the information that applies to you so that we can issue savings bonds and keep accurate records as authorized by Title 31 of the United States Code, Chapter 31. We don't disclose any information except as authorized by law.

We estimate that it will take you about one minute to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. If you have comments or suggestions regarding the above estimate or ways to simplify this form, forward correspondence to Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328 and the Office of Management and Budget, Paperwork Reduction Project 1535-0111, Washington, DC 20503.

I hereby authorize the foregoing allotment from my pay for the purchase of U.S. Inflation-Indexed Savings Bonds Series I to be issued with the inscription shown on this form.

This authorization is to remain in effect until canceled by me in writing or termination of my employment.

EFFECTIVE ON FIRST PAYROLL PERIOD AFTER

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 Date Employee's Signature (Must be same as shown on payroll.)