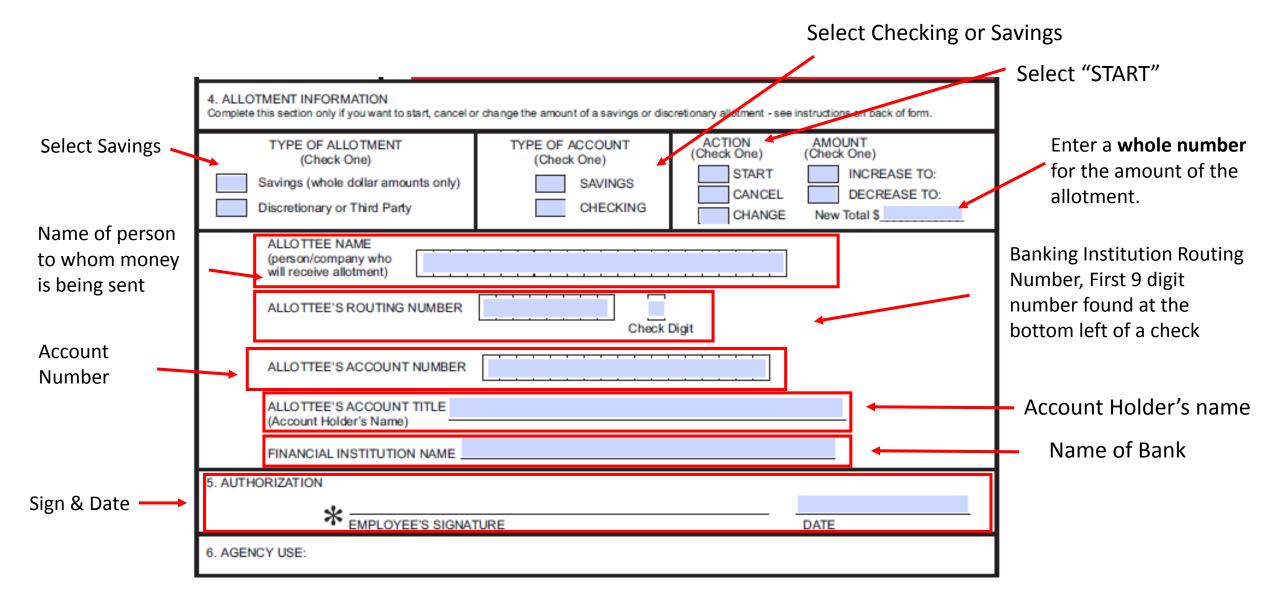
FASTSTART



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 INFORMATIO	1			
	(SSN) EMPLOYEE PAYROLL	Employee Name in order listed on form			
	EMPLOYE (as on payn				
Select the type of	TELEPHONE NUMBER	Banking Institution Routing			
account	2. TYPE OF ACCOUNT Checking	 DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments) A voided personal check/sharedraft may be attached in lieu of completing this section. See instructions on back of this form. 	Number, First 9 digit number found at the bottom left of a check		
For type of payment select "NET PAY"	Savings TYPE OF PAYMENT	ROUTING TRANSIT	bottom left of a check		
	Net Pay	ACCOUNT NUMBER	 Account Number 		
	Travel Other Federal	ACCOUNT TITLE(Account Holder's Name)	Employee Name		
	employment related payments	FINANCIAL INSTITUTION NAME	Name of Bank		



**** WE ARE UNABLE TO PROVIDE TAX ADVICE****

		Separate here and	d give Form W-4 to your er	nployer. Keep tl	ne top part for your	records			
	Form W-4	Surv Whether you are e				0MB No. 1545-0074 20 16			
Name	Internal Revenue Service subject to review by 1 Your first name and middle initial		the IRS. Your employer may be required to send a copy of this for Last name		d a copy of this form t	2 Your social security number		– SSN	
Address	Home address (number and street or rural route)			3 Single Married Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.					/Jarital Itatus
	City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ►				-	
	 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 6 Additional amount, if any, you want withheld from each paycheck								emptions A number arting with 0 – b hold an cional
	Employee's signature (This form is not valid unless you sign it.) ► 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sendi			diag to the IDC)	Date ► ling to the IRS.) 9 Office code (optional) 10 Employer identification number (EIN)			dolla	r amount
		and Paperwork Reduction Ac			9 Office code (optional) Cat. No. 10220Q	TO Employer	Form W-4 (2016)		

Frequently asked Questions

- How do I fill out the direct deposit form?
 - Should be within red folder
- Can someone go through the direct deposit form with me?
 - Please refer to slides for step by step guide
- How can I choose multiple allotments?
 - Complete multiple forms starting with section 4 5
- What if I do not have a checking account?
 - Your check will be mailed to the address you provided on address form
- What if I do not have a voided check?
 - If you have the routing and account number for where you would like you NET PAY to be deposited, complete the direct deposit form with that information.