



STATE OF MISSOURI
**TreasuryDirect Savings Bond
Payroll Deduction Authorization**

Form must be printed using a ball point pen or typed. Provide all requested information. Form must be completed and submitted to your Payroll Representative.

ESTABLISH NEW Savings Bond Deduction		CHANGE EXISTING Savings Bond Deduction		CANCEL Savings Bond Deduction			
SOCIAL SECURITY NUMBER		LAST NAME		FIRST NAME		MIDDLE IN	
AMOUNT TO BE DEDUCTED EACH PAY PERIOD: MINIMUM \$10.00				TREASURYDIRECT ACCOUNT NUMBER:			
DEDUCTION TYPE AND PLAN SAVBD/SAVBD				TREASURY DIRECT ROUTING NUMBER 051736158			
I hereby authorize the foregoing deduction from my pay for the deposit of funds into my TreasuryDirect Account for the purchase of US Savings Bonds. This Authorization is to remain in effect until cancelled by me in writing or upon termination of my employment.							
SIGNATURE OF EMPLOYEE					DATE		