

Pay Packet

To expedite your in-processing and to ensure your pay/entitlements are accurately updated. Complete the attached forms with as much information as possible. Once complete, print them individually and bring them to your first day of training. The below information was developed to assist you in filling out these forms. We will have an on-site finance team to answer questions and collect all required documents. In addition, bring the following information, as applicable: your Marriage Certificate, your Childs Birth Certificate, a void Check and your ID or License.

- 1.1. W-4 Federal Income Tax Allowance Certificate.** This form is complete so that your employer can withhold the correct federal income tax from your pay.
 1. Personal Allowance Worksheet – Leave Blank
 2. Box 1 - Name: First Middle Last - Address: Street number and name, apartment # City, State & Zip code
 3. Box 2 - SSN - ####-##-####
 4. Box 3 - Marital Status
 5. Line 5 - Complete as Instructed
 6. Signature & Date

- 1.2. DD Form 2058 State of Legal Residence Certificate.** This information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.
 1. Name – Last, First MI
 2. SSN - ###-##-####
 3. Legal Residence/Domicile: # and street name, apartment # if any, city, state and zip code
 4. Signature
 5. Current Mailing Address
 6. Date

- 1.3. Form 594, Application and Authorization to Start, Stop, or Change Basic Allowance for Quarters (BAQ) or Dependency Redetermination.** The purpose of this form is to start, adjust, or terminate military member's entitlements to BAQ.
 1. PART A – IDENTIFICATION & DUTY LOCATION
 - Box 1 - Name – Last, First MI
 - Box 2 - SSN - ####-##-####
 - Box 3- Grade – E1, E2, E3, E4....
 - Box 4 - Phone ####-###-####
 - Box 5 – Duty Location - March ARB, CA 92518
 2. PART B - MARITAL/DEPENDENTS STATUS
 - Box 6 - Select applicable item(s)
 - Box 7 - Complete if applicable
 - Box 8 - Complete if applicable - *If Married, list spouse only, no need to list children if any (Marriage Certificate required). If Single and claiming a child, list child only (Child Birth Certificate required).*
 - Box 9 - Complete if applicable
 3. PART C – MEMBER'S CERTIFICATION
 1. Mark an "X" in the box next to the, I certify that I provide adequate support if receiving with dependent rate BAH, otherwise leave blank
 2. Signature & Date

1.4. AF 512 Change of Mailing Address/Telephone/E-Mail Address. The purpose of this form is to have correct change of address, telephone and e-mail address.

1. Name – Last, First MI
2. Grade – E1, E2, E3, E4....
3. SSN - ###-##-####
4. Address: # and street name, apartment # if any
5. City
6. State
7. Zip code
8. Directions to Residence – Leave Blank
9. Air Reserve Technician: NO
10. Retired with Pay: NO
11. Directions to Residence - Leave Blank
12. Unit of Assignment
13. Home Phone ###-###-####
14. Cell Phone ###-###-####
15. Work Phone ###-###-####
16. E-Mail
17. Civilian Occupation
18. Date & Signature

1.5. FMS Form 2231 Direct Deposit Form. This form is used for processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment.

1. Box 1 - EMPLOYEE INFORMATION
 - a. SSN - ###-##-####
 - b. Name – Last, First MI
 - c. Work Phone ###-###-####
 - d. Home Phone ###-###-####
2. Box 2 - TYPE OF ACCOUNT / TYPE OF PAYMENT
 - a. Type of Account: Mark an “X” in the Checking or Savings box
 - b. Type of payment: Mark an “X” in the Net Pay & Travel box
3. Box 3 - DIRECT DEPOSIT ACCOUNT INFORMATION
 - a. ROUTING TRANSIT NUMBER (Your financial institution’s 9-digit routing transit number. The Routing Transit Number (RTN) can be obtained from the financial institution or found on the bottom of a check.
 - b. ACCOUNT NUMBER (your account number at your financial institution)
 - c. ACCOUNT TITLE (the depositor’s name on the account at the financial institution)
 - d. FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be directed)
4. Box 4 - ALLOTMENT INFORMATION - Leave Blank
5. Box 5 - AUTHORIZATION
 - a. Signature & Date

The Routing Number must consist of 9 digits

PAUL MAPLE
123 Main Street
Anyplace, NY 10000

1234

PAY TO THE ORDER OF _____ \$ _____

RTN

Anyplace Bank
Anyplace, NY 10000

Exp: _____

⑆123456789⑆ 0029516 1234

Form W-4 (2013)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if: } } **B** _____

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$1,900 of **child or dependent care expenses** for which you plan to claim a credit **F** _____

(**Note.** Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

- If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then **less** "1" if you have three to six eligible children or **less** "2" if you have seven or more eligible children.
- If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child **G** _____

H Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ► **H** _____

For accuracy, **complete all worksheets that apply.** } }

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

W-4 Form Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; border: 1px solid black; padding: 5px; display: inline-block;">2013</div>
1 Your first name and middle initial x _____ Home address (number and street or rural route) x _____ City or town, state, and ZIP code x _____	Last name x _____ 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. 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. ► <input type="checkbox"/>	2 Your social security number x _____ 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5 6 Additional amount, if any, you want withheld from each paycheck 6 \$ 7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ► 7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ► x _____		Date ► x _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

STATE OF LEGAL RESIDENCE CERTIFICATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Tax Reform Act of 1976, Public Law 94-455.

PURPOSE: Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.

ROUTINE USES: Information herein will be furnished State authorities and to Members of Congress.

MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.

NAME (*Last, first, middle initial*)

SOCIAL SECURITY NUMBER (*SSN*)

×

×

LEGAL RESIDENCE/DOMICILE (*City or county and State*)

×

INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE

The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.

The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.

You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.

Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.

The formula for changing your State of legal residence/domicile is simply stated as follows: physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile. In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.

Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.

I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.

I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.

SIGNATURE

CURRENT MAILING ADDRESS (*Include ZIP Code*)

DATE

×

×

×

**APPLICATION AND AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE
FOR QUARTERS (BAQ) OR DEPENDENCY REDETERMINATION**

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 043, Public Law 96-343, EQ 9397

PURPOSE: To start, adjust or terminate military member's entitlement to BAQ

ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on tax deducted, Department of Veteran Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting possible violations of the law, the American Red Cross for information concerning the needs of the member or dependents emergency situations, the Air Force to determine needs of a member or dependents in emergency situations and for verification of loan applications, state and local governments for tax and welfare insurance companies for allotment information and financial institutions, for deposits and/or payments.

DISCLOSURE: Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAQ

PART A - IDENTIFICATION & DUTY LOCATION	HOUSING OFFICE or BILLETING OFFICIAL NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS
1. NAME (Last, First, MI) x	QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE:
2. SSN x 3. GRADE x 4. PHONE x	ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED EFFECTIVE DATE: _____ UNIT # _____
5. DUTY LOCATION (Base, State, ZIP Code or Country) x	INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED EFFECTIVE DATE: _____ UNIT # _____

PART B - MARITAL/DEPENDENT STATUS	TRANSIENT QUARTERS OCCUPIED - UNIT #
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S) MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE: <input type="checkbox"/> DIVORCED _____ <input type="checkbox"/> LEGALLY SEPERATED _____ (Date) (Date)	EFFECTIVE DATES FROM: _____ TO: _____
	TITLE _____
	SIGNATURE _____
	DATE _____

7. NON-CUSTODIAL PARENTS: I PAY THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR \$ _____ .00 PRE MONTH FOR DEPENDENT SUPPORT
BASED ON: a. DIVORCE DECREE b. COURT ORDER c. LEGAL SEPARATION AGREEMENT, OR d. WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN

8. I CLAIM BAQ FOR THE DEPENDENT IN NOT IN MY CUSTODY LISTED BELOW (Effective Date): _____
Note: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent is a child include the date of birth (DOB)

(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB

9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING

NAME	SSN	BRANCH OF SERVICE	STATION

PART C - MEMBERS CERTIFICATION (For members with dependents)

I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport

CERTIFICATION FOR MEMBERS RECEIVING BAQ FOR SECONDARY DEPENDENTS (Parent, adopted, illegitimate, incapacitated child or step-child)

I certify that this is my first application YES NO If no, give date your last application was filed. _____

I understand that my failure to comply with the applicable requirements may result in cancellation of my BAQ. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of \$10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Accounting and Finance Office (AFO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.

MEMBER'S SIGNATURE x	DATE x
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OFFICIAL USE ONLY

<input type="checkbox"/> START	<input type="checkbox"/> CHANGE	<input type="checkbox"/> CANCEL	<input type="checkbox"/> REPORT	<input type="checkbox"/> STOP	<input type="checkbox"/> PARTIAL	<input type="checkbox"/> WITHOUT DEPENDENT	<input type="checkbox"/> WITH DEPENDENT
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DEPENDENCY DETERMINATION: I have determined that the above named individual is dependent on the member based on being

Spouse Single member claiming legitimate child in custody of another Legitimate child in single members custody Parents Stepchild

Adopted Child Incapacitated Child Illegitimate child or Child, member to member marriage

I have determined that the above named individual is not dependent on member or eligible to be a dependent of member. Reasons for disapproval are noted here

I have reviewed documents that support claim that member is E-7 or above and no military necessity requires the member to reside off base.

TITLE OF CERTIFYING OFFICIAL	SIGNATURE	OFFICE ADDRESS	DATE
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CHANGE OF MAILING ADDRESS/TELEPHONE/E-MAIL ADDRESS (ANG/USAFR)

(Type or print all entries)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 275 and EO 9397.

PRINCIPAL PURPOSES: To have correct change of address, telephone and e-mail address. SSN is necessary to make positive identification of the individual and records.

ROUTINE USES: Information may be disclosed to the Veterans Administration for compensation claims; TRICARE for eligibility of benefits; Department of Labor for unemployment compensation requests; OPM for requests for verification of military service; federal, state, local or foreign law enforcement authorities for investigation or prosecuting a violation or potential violation of law; and the Department of Justice for possible litigation.

DISCLOSURE IS VOLUNTARY: Failure to provide the information and SSN could result in individual being reassigned from ready reserve position.

NAME (Last, First, Middle Initial) x	GRADE x	SSN x
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NEW ADDRESS (Number, Street, or P.O. Box) x
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CITY x	STATE x	ZIP CODE x	COUNTRY, APO/FPO (If not USA) x
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DIRECTIONS TO RESIDENCE (If applicable)

AIR RESERVE TECHNICIAN/AIR NATIONAL GUARD TECHNICIAN	RETIRED WITH PAY
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

UNIT OF ASSIGNMENT x

HOME TELEPHONE (Incl Area Code) x	CELL PHONE x	CIVILIAN WORK PHONE (Incl Extension) x
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E-MAIL ADDRESS(S) x

CIVILIAN OCCUPATION x

DATE x	SIGNATURE x
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Send form to your servicing unit Orderly Room or MPF if assigned to an ANG/USAFR unit or IMA position.
Send to HQ AFRC if assigned to ORS, RRPS, CCRPS, NARS, ISLRS, or the Retired Reserve.

FAST START DIRECT DEPOSIT

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 INFORMATION (SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER * <input style="width: 150px; height: 15px;" type="text"/> EMPLOYEE NAME * <input style="width: 300px; height: 15px;" type="text"/> (as on payroll records) (Last, First, Initials) TELEPHONE NUMBER (WORK) * <input style="width: 100px; height: 15px;" type="text"/> (HOME)* <input style="width: 100px; height: 15px;" type="text"/>			
2. TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings	3. 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. ROUTING TRANSIT* <input style="width: 100px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> Check Digit ACCOUNT NUMBER * <input style="width: 250px; height: 15px;" type="text"/> ACCOUNT TITLE * <input style="width: 450px; height: 15px;" type="text"/> (Account Holder's Name) FINANCIAL INSTITUTION NAME * <input style="width: 450px; height: 15px;" type="text"/>		
TYPE OF PAYMENT <input checked="" type="checkbox"/> Net Pay <input checked="" type="checkbox"/> Travel <input type="checkbox"/> Other Federal employment related payments			
4. ALLOTMENT INFORMATION Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.			
TYPE OF ALLOTMENT (Check One) <input type="checkbox"/> Savings (whole dollar amounts only) <input type="checkbox"/> Discretionary or Third Party	TYPE OF ACCOUNT (Check One) <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	ACTION (Check One) <input type="checkbox"/> START <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGE	AMOUNT (Check One) <input type="checkbox"/> INCREASE TO: <input type="checkbox"/> DECREASE TO: New Total \$ <input style="width: 80px; height: 15px;" type="text"/>
ALLOTTEE NAME (person/company who will receive allotment) <input style="width: 350px; height: 15px;" type="text"/> ALLOTTEE'S ROUTING NUMBER <input style="width: 100px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> Check Digit ALLOTTEE'S ACCOUNT NUMBER <input style="width: 250px; height: 15px;" type="text"/> ALLOTTEE'S ACCOUNT TITLE <input style="width: 400px; height: 15px;" type="text"/> (Account Holder's Name) FINANCIAL INSTITUTION NAME <input style="width: 300px; height: 15px;" type="text"/>			
5. AUTHORIZATION <div style="display: flex; justify-content: space-between;"> * <input style="width: 300px; height: 15px;" type="text"/> EMPLOYEE'S SIGNATURE * <input style="width: 100px; height: 15px;" type="text"/> DATE </div>			
6. AGENCY USE:			