

## **TEPAC: 1199A Form for Payroll Deduction**

Club Levels			
Club	Annual	Minimum Contribution	
Level	Contribution	Pay Period	Monthly
Champion	\$48 - \$239	\$2	\$4
President's Circle*	\$240 - \$499	\$10	\$20
Benefactor*	\$500+	\$21	\$42

\*High Donor. These guideline amounts are merely suggestions.

### NTEU REQUESTS THIS FORM BE FULLY COMPLETED

Items or sections marked with this symbol (\*) are required by law.

MEMBER INFORMATION			
First <sup>+</sup>	MI	Last <sup>+</sup>	
Chapter Agency <sup>+</sup>		Occupation <sup>†</sup>	
Personal Email	I Email Personal Cell		
I want to be at the following lev	vel:		
CHAMPION	PRESIDENT'S CIRCLE*	BENEFACTOR*	
I want to add this amount to my existing contribution:		I want to be a new contributor at this amount:	
\$ per pay	y period	\$ per pay period	

### **AUTHORIZATION<sup>+</sup>**

The attached payroll authorization is voluntarily made on the specific understanding that signing the authorization and the making of payments to TEPAC are not conditions of membership in the National Treasury Employees Union (NTEU) or of employment by my employer; is not a part of union dues; that I have the right to refuse to contribute without any reprisal; and that TEPAC will use the money it receives to make political contributions and expenditures in connection with federal elections and addressing the political issues of importance, as permitted by law. I understand that contributions or gifts to TEPAC are not tax deductible for federal income tax purposes. I understand that this authorization shall remain in full force and effect until revoked in writing by me.

Signature

Date

On the reverse, please complete sections A through C and sign the 1199A.

# DRECT DEPOSIT SIGN-UP FORM

#### DIRECTIONS

- To sign up for direct deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed for will be returned to the Government agency identified below.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.

<b>SECTION 1</b>	(TO BE COM	PLETED BY	( PAYEE)
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<b>A</b> NAME OF PAYEE (last, first, middle initial)					
ADDRESS (street, route, P.O. Box, APO/FPO)					
CITY STATE	ZIP CODE	F TYPE OF PAYMENT (Check only one)			
		I Social Security Fed Salary/Mil. Civilian Pay			
TELEPHONE NUMBER		Supplemental Security Income Mil. Active			
AREA CODE		I Railroad Retirement Mil. Retire.			
R NAME OF PERSON(S) ENTITLED TO PAYMENT		□ VA Compensation or Pension X Other TEPAC			
TEPAC		(specify)			
C CLAIM OR PAYROLL ID NUMBER		<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>if applicable</i> )			
) <sup>*</sup>		TYPE Discretionary AMOUNT			
Prefix Su	ufffix	Allotment \$			
PAYEE/JOINT PAYEE CERTIFICATION	NC	JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)			
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.			
SIGNATURE	DATE	SIGNATURE DATE			
SIGNATURE	DATE	SIGNATURE DATE			

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

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NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER CHI			
Bank of America c/o NTEU/TEPAC		0 5 4 0			
800 K Street, NW, Suite 1000 Washington, DC 20001		DEPOSITOR ACCOUNT TITLE			
Washington, DC 20001		Treasury Employ	easury Employees PAC		
FINANCIAL INSTITUTION CERTIFICATION					
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I cer- tify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.					
PRINT OR TYPE REPRESENRATIVE'S NAME Charles Harris	STONATURE OF REPRESENT		TELEPHONE NUMBER 202/624-3761	DATE <b>2-2-95</b>	

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.