



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
DEPARTMENT OF FINANCE
APPLICATION AND AUTHORIZATION
TO MAKE OR DISCONTINUE FROM PAY OF CIVILIAN EMPLOYEES



Name of Allotter (Last Name, First Name, Initial)			Name of Allotter (Last Name, First Name, Initial)		
Social Security No.			Social Security No.		
Department or Activity			Department or Activity		
Amount of Bi-Weekly Allotment (Amount in words)			Amount of Bi-Weekly Allotment (Amount in words)		
Amount in Figures \$			Amount in Figures \$		
Begin Allotment (Pay Period Starting)			Begin Allotment (Pay Period Starting)		
Name of Bank			Name of Bank		
Bank ABA No.			Bank ABA No.		
Address of Allottee (Number, Street, City, State)			Address of Allottee (Number, Street, City, State)		
Account No.	Checking	Savings	Account No.	Savings	Checking
REQUEST AND APPROVAL TO START ALLOTMENT			REQUEST AND APPROVAL TO DISCONTINUE ALLOTMENT		
I Hereby request and authorize allotment to be paid at the end of each pay period from my pay, as the above subject to approval and to continue for the period started or until revoked by one in writing.			I Hereby request and authorize discontinuance of previously authorized and approved allotment from my pay as indicated above.		
Signature in full of Allotter		Date	Signature in full of Allotter		Date
Approved (Payroll)		Date	Approved (Payroll)		Date



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