



# Request to Forward Salary Check

(See Privacy Act Statement on Reverse.)

Submission Date	To: <input type="checkbox"/> Postmaster, Manager, Supervisor, or Officer-in-Charge <input type="checkbox"/> Area Manager, Finance	
Paydate/Pay Period	<input type="checkbox"/> HQ Disbursements <input type="checkbox"/> Manager, Accounting Service Center	
<b>Please Forward the Paycheck/Earning Statement Due to Me on the Above Payday to the Address Shown Below:</b>		
HQ Unit ( <i>Finance Number</i> )	Employee's Full Name	
Pay Location	Bank Name *	Account Number
Social Security Number	Address ( <i>Home or bank, whichever applies</i> )	
Signature	Post Office Name, State and ZIP Code	

\* You may use this form to have your paycheck forwarded to a financial organization only if you are on leave or detailed away from your office for an indefinite period.

**Privacy Act Statement:** The collection of this information is authorized by 39 USC 401, 1003 and 5 USC 8339. This information will be used to control your paycheck distribution to the address requested on the payday requested. As a routine use, the information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a

formal EEO complaint under 29 CFR 1613; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; to a labor organization as required by the National Labor Relations Act; to agencies having Taxing authority for taxing purposes; to financial organizations receiving allotments; to State Employment Security Agencies to process unemployment compensation claims; to a Federal or state agency providing parent locator service or to other authorized persons as defined by Pub. L. 93-647; to the National Association of Postal Supervisors that relates to postal supervisors; to the Office of Personnel Management, Social Security Administration, Veterans Administration, Office of Workers' Compensation Programs, health insurance carriers, or plans, or other program management agencies or retirement systems for use in determining a claim for benefits; and to OPM for its active employee/annuitant data systems used to analyze Federal Retirement and insurance costs. Completion of this form is voluntary; however, if this information is not provided, your payroll check will be distributed through normal channels.