

REQUEST FOR OFFICIAL MAILING ADDRESS

Effective Date: _____

NAME (please print) _____

I. **OFFICIAL MAILING ADDRESS** —Used to mail Wage and Tax Statement (W-2), and other official correspondence.

Street/Apt/PO Box _____

City/State/Zip _____

II.

ISSUE NET PAY ELECTRONICALLY TO A FINANCIAL INSTITUTE - If you wish to have your net pay sent to a Financial Institution/Electronic Funds Transfer please complete an SF-1199A, Direct Deposit Sign-Up Form, and forward to your Human Resources Office.

If you do not have an established account for electronic deposit of your net pay, please contact Human Resources for assistance.

III. **SIGNATURE**

EMPLOYEE SIGNATURE: _____

DATE: _____

NOTE: Information on this form is protected by the Privacy Act. Disclosure may be made only to authorized persons according to Title 5 U.S.C. Section 552a and for uses described in System of Records Notice Interior/OS-85.