

ACCOUNTING AND
CONTROL MANUAL

BULLETIN

NEW YORK STATE
OFFICE OF THE STATE COMPTROLLER

DIVISION OF AUDITS AND ACCOUNTS

BULLETIN NO. P-181

September 19, 1978

To : All State Departments and Agencies

Subject: Savings Bond Campaign

A Savings Bond Campaign is currently being conducted and Savings Bond Authorization Cards (AC-846) and literature has been sent to all agencies.

The Savings Bond Card has been revised to report both the social security number of the employee authorizing the payroll deduction as well as the social security number of the bond owner, if it is someone other than the employee. (See attached sample.) The social security number of the bond owner, which is used by the Federal government to register ownership of the bond, must be reported or the card will be returned to the agency.

For co-owners and beneficiaries, the first name, middle initial, and last name are required. For a female co-owner or beneficiary, federal regulations require that the name be preceded by Miss or Mrs., since we do not report a social security number.

During the savings bond campaign, all authorization cards for new enrollees should be submitted one full pay period prior to submission of the AC-1040.

AC 846 (Rev. 5/78)
Print Code Z

UNITED STATES SAVINGS BONDS

Soc. Sec. No.

Name (PRINT)	Line No.	Dept. or Agency
I hereby authorize the State Comptroller to DEDUCT \$ from my pay each pay day beginning When this equals the cost of the bond indicated - ISSUE A <input type="checkbox"/> \$25 @ \$18.75 <input type="checkbox"/> \$50 @ \$37.50 <input type="checkbox"/> \$75 @ \$56.25 <input type="checkbox"/> \$100 @ \$75 <input type="checkbox"/> \$200 @ \$150		
\$ TO	BOND OWNER: Soc. Sec. # (First Name) (M.I.) (Last Name)	
\$ Per Pay Period Beginning	Address (No. & Street) (City & State) (Zip Code)	
(Date)	CHECK ONE: <input type="checkbox"/> Co-owner * <input type="checkbox"/> Beneficiary * <input type="checkbox"/> MR. (First Name) (M.I.) (Last Name) <input type="checkbox"/> MRS. <input type="checkbox"/> MISS	
	CHANGE IN NAME OF <input type="checkbox"/> Owner <input type="checkbox"/> Owner's Address / CHANGE IN NAME OF <input type="checkbox"/> Co-owner <input type="checkbox"/> Beneficiary	
	MR. (First) (M.I.) (Last) MRS. MISS	MR. (First) (M.I.) (Last) MRS. MISS
	Address Zip Code City & State	Address Zip Code City & State
* See Reverse SIGNATURE and DATE		

- A. The employee must enter his/her social security number.
- B. The employee must enter the social security number of the owner of the bond.

