

ACCOUNTING AND
CONTROL MANUAL

BULLETIN

NEW YORK STATE
OFFICE OF THE STATE COMPTROLLER

DIVISION OF AUDITS AND ACCOUNTS

BULLETIN NO. P-313

May 26, 1982

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 must 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 to:

Office of the State Comptroller
Deduction Unit - 8th Floor
A. E. Smith Office Building
Albany, New York 12236

Questions concerning the savings bond program should be directed to Ms. Virginia Branche (518-474-3538).

AC 848 (Rev. 11/79)
Print Code Z

UNITED STATES SAVINGS BONDS

Soc. Sec. No. **(A)**

Name (PRINT) _____ Line No. _____ Dept. or Agency _____

CHANGE MY PRESENT DEDUCTION FROM \$ _____

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 (C)**

\$50 @ \$25.00 \$75 @ \$37.50 \$100 @ \$50 \$200 @ \$100

BOND OWNER (B) Soc. Sec. # _____ (First Name) _____ (M.I.) _____ (Last Name) _____

Address (No. & Street) _____ (City & State) _____ (Zip Code) _____

CHECK ONE: Co-owner * Beneficiary * MR. (First Name) _____ (M.I.) _____ (Last Name) _____
 MRS. _____
 MISS _____

CHANGE IN NAME OF Owner Owner's Address / **CHANGE IN NAME OF** Co-owner Beneficiary

MR. (First) _____ (M.I.) _____ (Last) _____ MR. (First) _____ (M.I.) _____ (Last) _____
 MRS. _____ MRS. _____
 MISS _____ MISS _____

Address _____ Zip Code _____ Address _____ Zip Code _____
 City & State _____ City & State _____

(Date) _____

* See Reverse **SIGNATURE and DATE (D)** _____

- 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.
- C. The current purchase price and bond issue schedule remains as follows:

Purchase Price	Bond Issue Amount
\$ 25.00	\$ 50.00
37.50	75.00
50.00	100.00
75.00	100.00 - 50.00
87.50	100.00 - 75.00
100.00	200.00
125.00	200.00 - 50.00
150.00	200.00 - 100.00
137.50	200.00 - 75.00