



Office of the State Comptroller **PAYROLL BULLETIN**

Subject Savings Bond Campaign	Bulletin No. P-395
	Date June 19, 1984

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) or Ms. Pauline McDonough (518-474-2417).

AC 846 (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)		
	<input type="checkbox"/> \$50 @ \$25.00 <input type="checkbox"/> \$75 @ \$37.50 <input type="checkbox"/> \$100 @ \$50 <input type="checkbox"/> \$200 @ \$100		
\$ TO	BOND OWNER (B) Soc. Sec. #	(First Name)	(M.I.) (Last Name)
	Address (No. & Street)		(City & State) (Zip Code)
\$ Per Pay Period Beginning	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		
(Date)	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		
	<input type="checkbox"/> MR. (First) (M.I.) (Last) <input type="checkbox"/> MRS. <input type="checkbox"/> MISS Address City & State	Zip Code	<input type="checkbox"/> MR. (First) (M.I.) (Last) <input type="checkbox"/> MRS. <input type="checkbox"/> MISS Address City & State
* 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:

<u>Purchase Price</u>	<u>Bond Issue Amount</u>
\$ 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