



Office of the State Comptroller  
**PAYROLL BULLETIN**

Subject  Savings Bond Campaign	Bulletin No.  P-478
	Date  April 14, 1986

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 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 State Office Building  
Albany, New York 12236

Questions concerning the savings bond program or the proper method of reporting information on the AC-846 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)**  
 \$50 @ \$25.00     \$75 @ \$37.50     \$100 @ \$50     \$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:  Co-owner\*     Beneficiary\*     MR. (First Name) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (Last Name) \_\_\_\_\_  
 MR.     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     MRS.     MRS.     MISS  
 Address \_\_\_\_\_ Zip Code \_\_\_\_\_    Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
 City & State \_\_\_\_\_    City & State \_\_\_\_\_

\* See Reverse

SIGNATURE and DATE **(D)**

- A. The employee must enter his or 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:

Bond Purchase Price Indicator on Payroll Summary PRG-1	Purchase Price	Bond Issue Amount
1	\$ 25.00	\$ 50.00
2	37.50	75.00
3	50.00	100.00
4	75.00	100.00 - 50.00
5	87.50	100.00 - 75.00
6	100.00	200.00
7	125.00	200.00 - 50.00
8	150.00	200.00 - 100.00
9	137.50	200.00 - 75.00