U.S. SAVINGS BOND PAYROLL AUTHORIZATION

(one bond purchase per form)

_____ _____ _____-_____-_____

Employee's Name ***Department*** ***Social Security Number***

PLEASE CHECK ALL THAT APPLY:

Bond Type: ☐ **EE** ☐ **I** ☐ New Bond ☐ Change in Face Value

Bond Face Value: **$** _____ (listed below) ☐ Change in Ownership ☐ Change in Co-Owner/Beneficiary

Effective Paycheck Date: _____ ☐ Change in Purchase Method ☐ **CANCEL THIS BOND**

I. Name and SSN of OWNER:

_____ _____ _____ _____-_____-_____

First *MI* *Last* *Social Security Number - see note*

The bond will be mailed to the employee's U.S. Mail address on file with payroll. If this address is not current, please complete a new PO-8 form to update it.

II. OPTIONAL CO-OWNER OR BENEFICIARY (check only one, if either is desired):

☐ CO-OWNER - Has the same ownership rights as the owner.
Or Either the owner or co-owner may cash in the bond.

☐ BENEFICIARY - Only has rights to the bond upon presentation of a certificate of death of the owner.

NAME AND SSN of CO-OWNER or BENEFICIARY:

_____ _____ _____ _____-_____-_____

First *MI* *Last* *Social Security Number - see note*

III. PURCHASE METHOD:

Employees may purchase up to three U.S. Savings Bonds. One form will need to be completed for each bond. Bonds may be purchased once a month or be split over two months. Please select the method for deducting your bonds below. Please note, if you purchase more than one bond--all bonds must either be purchased in one month or all bonds must be split over two months.

☐ 1. Purchase One Bond per Month ☐ 2. Split Bond Purchase over Two Months

EE Face Value	Monthly Deduction for One Bond per Month	Monthly Deduction for One Bond Split over Two Months	**I Face Value**	Monthly Deduction for One Bond per Month	Monthly Deduction for One Bond Split over Two Months
$ 100.00	$ 50.00	$ 25.00	**$100.00**	$100.00	$50.00
200.00	100.00	50.00	**200.00**	200.00	100.00
500.00	250.00	125.00	**500.00**	500.00	250.00
1,000.00	500.00	250.00	**1,000.00**	1,000.00	500.00

I hereby authorize my employer THE UNIVERSITY OF TEXAS to withhold and set apart the amounts indicated above to purchase U.S. Savings Bond(s)-Series EE or I in the denomination(s) indicated above. This authorization will continue in effect until I advise you to change or cancel it.

_____ _____

Date *Signature of employee-purchaser*

NOTE: The furnishing of a Social Security number for the owner, co-owner, or beneficiary of a Bond (including newborn child) is required by the regulations governing Savings Bonds, i.e. Department Circular PD Series 3-80. The numbers are used to maintain ownership records of the BONDS. Other information requested by this form is also required under the above regulations to establish the rights, authority and/or entitlement of signers. Failure to furnish any of the requested information may prevent completion of the transaction. Married women should use their given first names, e.g. "Mary L. Smith," not "Mrs. John Smith." The use of courtesy titles is optional.