

REPUBLIC OF PALAU
APPLICATION AND AUTHORIZATION TO MAKE OR DISCONTINUE
ALLOTMENT FROM PAY OF CIVILIAN EMPLOYEES OUTSIDE THE USA

| | |
|---|-------|
| NAME OF ALLOTTER <i>(Last, First, Middle Initial)</i> | TITLE |
|---|-------|

| | |
|----------------|------------------------|
| WHERE EMPLOYED | DEPARTMENT OR ACTIVITY |
|----------------|------------------------|

| | | | |
|---|-------------------|--|--|
| AMOUNT OF BI-WEEKLY ALLOTMENT <i>(Amt in words)</i> | AMOUNT IN FIGURES | BEGIN ALLOTMENT <i>(Pay Period Starting)</i> | CEASE ALLOTMENT <i>(Pay Period Ending)</i> |
|---|-------------------|--|--|

NAME OF ALLOTTEE *(Last, First, Middle Initial)*

ADDRESS OF ALLOTTEE *(Number, Street, City, State)*

CREDIT ACCOUNT OF *(If payable to a bank, business institution or individual, give name of account to be credited)*

| REQUEST AND APPROVAL TO START ALLOTMENT | REQUEST AND APPROVAL TO DISCONTINUE ALLOTMENT |
|--|--|
| I HEREBY <i>request and authorize allotment to be paid at the end of each Pay Period from my pay, as above subject to approval, and to continue for the period stated or until revoked by me in writing.</i> | I HEREBY <i>request and authorize discontinuance of previously authorized and approved allotment from my pay as indicated above.</i> |
| SIGNATURE, IN FULL, OF ALLOTTER <i>(Sign Original Only)</i> | SIGNATURE, IN FULL, OF ALLOTTER <i>(Sign Original Only)</i> |
| DATE | DATE |
| APPROVED <i>(Finance Officer)</i> | APPROVED <i>(Finance Officer)</i> |
| DATE | DATE |

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