

DOT Form No. 2730.5  
Issued

DEPARTMENT OF TRANSPORTATION  
AUTHORIZATION FOR PAYROLL DEDUCTION, REVISION OR CANCELLATION FOR  
POST-1956 MILITARY SERVICE DEPOSIT ACCOUNTS

COMPLETE BLOCKS 1 THRU 5 AND BLOCK 8 FOR ALL REQUESTS

1. DATE		PRINT IN INK OR TYPE	
2. NAME (LAST)	(FIRST)	(INITIAL)	3. SOC. SEC. NO.
(MUST BE SAME AS SHOWN ON PAYROLL)			
4. ADMINISTRATION		DIVISION/DUTY LOCATION/PHONE NO.	

5. PLEASE CHECK APPROPRIATE BOX:

- |   |   |
|---|---|
| A. ( ) NEW AUTHORIZATION  | F. ( ) CHANGE PAYMENT METHOD FROM<br>INSTALLMENT TO BIWEEKLY<br>PAYROLL DEDUCTION (PROVIDED<br>NO PAYMENT HAVE BEEN MADE) |
| B. ( ) REVISE AUTHORIZATION   | G. ( ) CHANGE PAYMENT METHOD FROM<br>FULL TO BIWEEKLY PAYROLL<br>DEDUCTION  |
| C. ( ) CANCEL DEPOSIT ACCOUNT(S)  | H. ( ) CHANGE PAYMENT METHOD FROM<br>FULL TO INSTALLMENT  |
| D. ( ) CHANGE PAYMENT METHOD TO<br>FULL (CANCEL BIWEEKLY PAY-<br>ROLL DEDUCTION)      |   |
| E. ( ) CHANGE PAYMENT METHOD TO<br>INSTALLMENT (CANCEL BIWEEKLY<br>PAYROLL DEDUCTION) |   |

IF BLOCK 5A, 5B, 5F OR 5G CHECKED COMPLETE BLOCK 6  
IF BLOCK 5C, 5D, 5E, 5F, 5G OR 5H CHECKED COMPLETE BLOCK 7

6. AMOUNT TO BE DEDUCTED EACH PAY PERIOD AND APPLIED TO SERVICE PERIODS IN SERVICE PREFERENCE NUMBER ORDER. (MINIMUM AMOUNT \$25.00)  
\$ \_\_\_\_\_

7. LIST SERVICE PREFERENCE NUMBER(S) FOR ACCOUNT(S) TO BE CANCELLED OR PAYMENT METHOD CHANGED. IF REQUESTING CANCELLATION OR PAYMENT METHOD CHANGE FOR ALL ACCOUNTS, ENTER 'ALL' IN 7.(1).

SERVICE PREFERENCE NUMBER(S)				
(1) _____	(4) _____	(7) _____	(10) _____	(13) _____
(2) _____	(5) _____	(8) _____	(11) _____	(14) _____
(3) _____	(6) _____	(9) _____	(12) _____	(15) _____

8. AUTHORIZATION: I HEREBY AUTHORIZE THE ABOVE DEDUCTION FROM MY PAY WITH THE UNDERSTANDING THAT THE AMOUNT WILL BE CREDITED TO MY POST-1956 MILITARY SERVICE DEPOSIT ACCOUNT. THIS AUTHORIZATION IS TO REMAIN IN EFFECT UNTIL I SUBMIT ANOTHER DOT Form 2730.5 AUTHORIZING A REVISION OF THIS DEDUCTION OR CANCELLATION OF SPECIFIED ACCOUNTS, OR MY POST-1956 MILITARY SERVICE DEPOSIT ACCOUNT IS PAID IN FULL.

EFFECTIVE ON FIRST PAYROLL PERIOD AFTER _____, 19__	SIGNATURE (MUST BE SAME AS SHOWN ON PAYROLL)
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Copies - Original to Payroll Office  
Employee Retains copy

PRIVACY ACT STATEMENT

The Omnibus Budget Reconciliation Act of 1982, Public Law 97-253 permits the collection of this information. The information on this form is confidential and is used by your payroll office to authorize payroll deductions from your salary for post-1956 military service deposits for credit to your retirement account with the Office of Personnel Management.

Executive Order 9397 authorizes collection of your social security number (SSN) as identification of your payroll record.

The furnishing of the SSN, along with other data requested, is voluntary. However, failure to furnish any of the requested information may result in errors or noncompliance to your request for a payroll deduction.