SB-2253
(OMB Approval 1535-0111)
(Revised October 2001)

AUTHORIZATION FOR PURCHASE AND REQUEST FOR CHANGE
UNITED STATES INFLATION-INDEXED SAVINGS BONDS

RESET

Series I

DATE	PRINT OR TYPE IN INK			
EMPLOYEE'S NAME	(First Name)	(Initial)	(Last Name)	Soc. Sec. or Emp. Payroll No.
DEPARTMENT/AGENCY	BUREAU OR OFFICE	LOCATION		WORK PHONE

☐ A New Allotment ☐ B Increase Allotment ☐ C Change Denomination ☐ D Change Inscription ☐ E Other Action (Describe on Reverse)

(If you checked A, B, or C above complete the following)
The price of an I bond is equal to the denomination of the bond being purchased.

AMOUNT TO BE ALLOTTED EACH PAY PERIOD* → $ _____

BOND DENOMINATION
☐ $50 ☐ $75 ☐ $100 ☐ $200 ☐ $500 ☐ $1,000

BOND INSCRIPTION Complete the following if (a) you checked A or D above; or (b) you have multiple Bond allotments

OWNER'S NAME (First Name)	(Middle Name or initial)	(Last Name)	SOCIAL SECURITY NO. (Required)
ADDRESS (Number and Street)			
(City or Town)		(State)	(ZIP Code)
Check One: COOWNER ☐ BENEFICIARY ☐ (First Name)	(Middle Name or initial)	(Last Name)	SOCIAL SECURITY NO. (Optional)

*For allotment options, see your campaign volunteer or payroll office.

E. OTHER ACTION (Explain)

Privacy and Paperwork Reduction Act Statements: The Treasury Department's Bureau of the Public Debt keeps records about who owns savings bonds. Please fill in the information that applies to you so that we can issue savings bonds and keep accurate records as authorized by Title 31 of the United States Code, Chapter 31. We don't disclose any information except as authorized by law.

We estimate it will take you about one minute to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328.

I hereby authorize the foregoing allotment from my pay for the purchase of U.S. Savings Bonds Series I to be issued with the inscription shown on this form.

This authorization is to remain in effect until canceled by me in writing or termination of my employment.

EFFECTIVE ON FIRST PAYROLL PERIOD AFTER

Date **Employee's Signature (Must be same as shown on payroll)**

Return signed form to your payroll office or campaign volunteer.