Print Form

REFUND OF SAVING BOND DEDUCTION

Please Print or Type

TO: State Accounting Enterprise
Centralized Payroll

Date:_____

_____
NAME

_____
SOCIAL SECURITY NUMBER

_____
18 DIGIT PAYROLL NUMBER

---

1. REFUND:

As of _____, please refund _____ the balance in my bond deduction account(s). Please mail the refund to the following:

_____

$_____
BALANCE

_____

by:_____

2. TRANSFER OF BALANCE:

Please transfer the balance of the inactive bond account below to the active account as indicated:

FROM: _____

TO: _____

BALANCE: $_____

To cancel a savings bond, zero out the pay period deduction field in the BOND system.

Mail original copy to:

DAS - SAE, Centralized Payroll
Hoover State Office Building, 3rd Fl
1305 East Walnut
Des Moines, Iowa 50319