	INFORMATIC	ON FOR REPORTI	NG NON-KE	CEIPI OF C	ASUAL HIKE TREAS	UKY CHECK	
		Casual must comp	lete form and	I submit to	fire payment center.		
Dept	_Bureau	Org	Pay Proces	ocessed Date Net Amount: \$			
Casual Name	:		ss	SN:			
Check was o	originally sent to	: Address:					
		City:			State:	Zip:	
Re-Issue Inf	ormation = = :				-ISSUE AS A TREASURY C		
Routing No				Addre	ess		
Account			-OR				
Туре	☐ Checking	☐ Savings		City		State	Zip
Should the c	•	ry Check ever	Receiv	ed, then lo ed, but dan d, I hereb	ost or stolen maged or incorrect (o by certify that I wil D Box 272030, De	ll promptly re	eturn it,
Casual Signature				Date			
Phone Nu	ımber						
Current M	lailing Address:						
City	City			State		_Zip	
*T	his section will updat	e your corresponden	ce address only	. This include	es W-2s and Wage and Ea	arning Statements	i.
##########	###########	### For Use b	by CPC an	d by POI	) ####################################	!#########	!#######
	•	ıal hire's request	•	•	F	Phone	
_							
OD Signature							
OD Signature A10b (Revised					_ มิลเย		

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