

TO:		DISPOSITION OF PAY CHECK <i>(Read instructions on Reverse before Completing)</i>			DATE:	
OFFICE SYMBOL:	PAYROLL NO. (1-5):	(7)	EFFECTIVE:	NAME OF EMPLOYEE (As appears on Payroll):		
MAIL ALL PAYROLL CHECKS DUE ME TO THE FOLLOWING ADDRESS:						
P.O. BOX, APARTMENT NUMBER, ETC. (1 - 24):						
STREET ADDRESS (25 - 48):						
CITY AND STATE (49 - 72):				ZIP CODE (73 - 81):	ACTION CODE: (82)	
				FOR BF62 USE ONLY		
				<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL		
SIGNATURE OF EMPLOYEE:				DATE:		

INSTRUCTIONS

1. Please **TYPE** all entries and submit to BF62.
2. Enter on the first fill-in line, your office symbol, payroll number, effective date which you want your checks delivered to this address, and your name as it appears on the MSFC payroll.
3. The address may consist of 2 or 3 lines, as follows:
 - Line 1 - Enter apartment number and/or Name, P.O. Box, etc., as applicable not to exceed 24 positions.
 - Line 2 - Enter street address or rural route but do not exceed 24 positions (digits).
 - Line 3 - Enter city, State (24 positions) and ZIP Code. Action Code: 1 = New, 2 = Change, 3 = Cancel
4. Changes must be received by Monday following close of pay period for which check is written.

NOTE: Use only for residential mailing. If you desire your check to be mailed to a bank or other financial institution, **DO NOT USE THIS FORM**. Request for mailing check to a bank or financial institution requires the completion of Standard Form 1199A.