

**POHNPEI STATE GOVERNMENT**  
**APPLICATION AND AUTHORIZATION TO MAKE OR DISCONTINUE ALLOTMENT**

NAME OF ALLOTTER (Last, First, Middle Initial)		SS No.	TITLE	
WHERE EMPLOYED		DEPARTMENT OR ACTIVITY		
AMOUNT OF BI-WEEKLY ALLOTMENT (Amount in words)	Amount in Figures	BEGIN ALLOTMENT (Pay Period Starting)	CEASE ALLOTMENT (Pay Period Ending)	
NAME OF ALLOTTEE (Last, First, Middle Initial)				
ADDRESS OF ALLOTTEE (Number, Street, City, State)				
CREDIT ACCOUNT OF (If Payable to a bank, business institution or individual, give name of account to be credited)				
<b>REQUEST AND APPROVAL TO START ALLOTMENT</b>		<b>REQUEST AND APPROVAL TO DISCONTINUE ALLOTMENT</b>		
<i>I HEREBY request and authorize allotment to be paid at the end of each Pay Period from my pay, as above subject to approval, and to continue for the period stated or until revoked by me in writing. I agree that the allottee must consent before the allotment can be discontinued.</i>		<i>I HEREBY request and authorize discontinuance of previously authorized and approved allotment from my pay as indicated above.</i>		
SIGNATURE IN FULL, OF ALLOTTER		SIGNATURE IN FULL OF ALLOTTER	DATE	
DATE				
APPROVED (Finance Officer)	DATE	APPROVED BY ALLOTTEE)	DATE	
		DATE		