



Republic of Palau

SOCIAL SECURITY ADMINISTRATION

APPLICATION AND AUTHORIZATION TO MAKE OR DISCONTINUE ALLOTMENT FROM SOCIAL SECURITY BENEFIT PAYMENT

NAME OF ALLOTTER: (Last, First, Middle Initial)		SSN:	Phone #:		
WAGE EARNER NAME:		Wage Earner SSN:	Benefit Type:		
<b>1</b>	Amount of Monthly Allotment: (in words)	Amt in Figures	Month Allot. Begin	Cease Allot. (MM/YY)	
Name of Authorized Payee:					
Address of Authorized Payee:					
Credit Account of: (if payable to a Bank or Business Institution, give name of account to be credited)					

<b>2</b>	Amount of Monthly Allotment: (in words)	Amt in Figures	Month Allot. Begin	Cease Allot. (MM/YY)	
Name of Authorized Payee:					
Address of Authorized Payee:					
Credit Account of: (if payable to a Bank or Business Institution, give name of account to be credited)					

<b>3</b>	Amount of Monthly Allotment: (in words)	Amt in Figures	Month Allot. Begin	Cease Allot. (MM/YY)	
Name of Authorized Payee:					
Address of Authorized Payee:					
Credit Account of: (if payable to a Bank or Business Institution, give name of account to be credited)					

<b>INSTITUTION NAME:</b>	<b>REP. NAME: (PRINT/SIGN)</b>	<b>DATE:</b>
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REQUEST AND APPROVAL TO START OR DISCONTINUE ALLOTMENT

I HEREBY request and authorize allotment to be paid each month from my benefit, as above subject to approval and to either continue or discontinue allotment from my benefit indicated above for the period stated.

SIGNATURE, IN FULL, OF ALLOTTER

DATE

OFFICE USE ONLY:

COMMENTS:

TOTAL BENEFIT AMOUNT: \$

APPROVED (ROPSSA, MEMBER SERVICES REPRESENTATIVE)

DATE