



AUTHORIZATION FOR ALLOTMENT FSM SOCIAL SECURITY ADMINISTRATION

FSMSS-113a Rev. 10/2020

Beneficiary Name: _____ Date: _____

Wage Earner: _____

Address: _____ Zip Code: _____

I would like to request \$ _____ of my SS monthly benefit check made payable

To Allottee/Org.: _____

Address: _____ Zip Code: _____

Name of Acct. /Number: _____

The allotment shall be in effect for the duration of _____ months.

Reason for request: _____

Beneficiary's Signature: _____ ID. # (if any): _____

Witnessed by (FSMSSA Staff): _____ Date: _____

DO NOT WRITE BELOW – FOR FSMSS USE ONLY

TYPE OF BENEFIT: <input type="checkbox"/> RE <input type="checkbox"/> SS <input type="checkbox"/> DI	BRANCH OFFICE: DATE PAID	CLAIM DIVISION ALLOTTEE CODE _____ VERIFIED BY: _____ EFFECTIVE DATE
BE SS NO. _____	RECEIPT NO. _____ INITIALS _____	
WE SS NO. _____		

APPROVED BY:

Alexander R. Narruhn, Administrator

Date

NOTICE

1. The beneficiary must be able to revoke or cancel the arrangement at any time without obtaining the permission of the bank or allottee subject to the 1 year minimum duration of an allotment; and
2. The bank or allottee must not receive any enforceable rights under the arrangement; that is, the bank or allottee must not receive the right to sue Social Security in the event the allotment payment is not made.
3. FSMSS is not liable for any delayed and/or late payments, charged interest, etc. that may have incurred due to computer technicalities if any. This allotment should be for a minimum duration of one year. Administrative Cost: \$5.00 per request effective September 1, 2004.