



# 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: _____
BE SS NO. _____  WE SS NO. _____	RECEIPT NO. _____ INITIALS _____	EFFECTIVE DATE _____

APPROVED BY:

\_\_\_\_\_  
Leon Panuelo, Jr. 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.