

Villanova University
U.S. Savings Bonds - Series EE
Individual Bond Authorization Maintenance

(Please print or type all information)

New_____ Change current information_____ Add an additional bond_____

Cancel bond detailed below_____ Cancel all bonds_____

Employee Social Security #_____ Registration #____ (payroll use)

Bond Owner Social Security #_____

Employee Name_____

Bond Owner Name (if different than employee)_____

Address line 1:_____

Address line 2:_____

Address line 3:_____

City_____ State_____ Zip_____

Beneficiary or Co-owner Information

*** Please note: must be provided to designate a beneficiary or co-owner ***

Name:_____ Social Security #_____

This person is my: _____ Beneficiary (POD) _____ Co-owner (OR)

Purchase Information

Bond Denomination	\$100	\$200	\$500	\$1,000
Purchase Price	50	100	250	500
Type of bond to purchase	_____	_____	_____	_____
Amount withheld per pay	\$_____	\$_____	\$_____	\$_____

The above information is correct and will remain valid until I authorize a written change or cancellation.

Signature of employee

Date

*** Payroll Use ***

Company #_____ Department #_____ Manager's Approval_____

bond.frm 5/27/98