RETURN THIS FORM TO PARADISE DENTAL
or email paradisedentalsaipan@gmail.com or fax (670) 488-1044

NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

Application AND Authorization to Commence OR Cease Allotment from Pay of Employees/Retirees

Social Security Number: ____ / ____ / ____

NAME OF ALLOTER *(Last, First, Middle Initial)*	NAME OF ALLOTER *(Last, First, Middle Initial)*
ADDRESS OF ALLOTTER *(PO Box or Number, Street, City State Zip Code)*	ADDRESS OF ALLOTTER *(PO Box or Number, Street, City State Zip Code)*
TYPE OF PAYMENT *(Check all that apply)* ☐ Retiree ☐ Surviving Child ☐ Surviving Spouse ☐ Employee/Other	TYPE OF PAYMENT *(Check all that apply)* ☐ Retiree ☐ Surviving Child ☐ Surviving Spouse ☐ Employee/Other
IF EMPLOYED, SECTION:	IF EMPLOYED, SECTION:
AMOUNT OF BI-WEEKLY ALLOTMENT *(Amount in Words/Figures)* **BI-MONTHLY** ***/$***	AMOUNT OF BI-WEEKLY ALLOTMENT *(Amount in Words/Figures)* ***/$***
BEGIN ALLOTMENT *(Starting Pay Period)*	CEASE ALLOTMENT *(Starting Pay Period)*
NAME AND ADDRESS OF BANK/INSTITUTION **FHB, GUALO RAI ABA: 121403065**	NAME AND ADDRESS OF BANK/INSTITUTION
CREDIT ALLOTMENT TO ACCOUNT NUMBER: **17-090658**	CEASE ALLOTMENT TO ACCOUNT NUMBER:
TYPE OF ACCOUNT *(Check one box)* ☐ SAVINGS ***(Attach copy of savings statement or passbook)*** ☐ CHECKING ***(Attach pre-printed deposit ticket from your Checkbook)***	PLEASE TELL US WHY YOU ARE **DISCONTINUING** THIS ALLOTMENT ***(Optional – this information can help improve our services)***
BANK ROUTING NUMBER:	
REQUEST AND APPROVAL TO COMMENCE ALLOTMENT *I HEREBY request and authorize allotment to be paid at the end of each Pay Period from my pay, as requested above and subject to approval, and to continue from the period stated until revoked by me **in writing**.*	**REQUEST & APPROVAL TO** CEASE **ALLOTMENT** *I HEREBY request and authorize discontinuance of previously authorized and approved allotment from my pay as indicated above.*
FULL SIGNATURE OF ALLOTTER / DATE	**FULL SIGNATURE OF ALLOTTER / DATE**
APPROVED / DATE	**APPROVED / DATE**

SF-1F (REV. 01/2015)