

Date: _____

DESIGNATION FOR AGENT TO RECEIVE & DELIVER CHECKS

Section I - DESIGNATION AND RE-DESIGNATION

In Accordance with the authority vested in me by the head of this agency or his/her designee, I hereby delegate to the individual whose name, title and signature samples appear below the authority to act as a Designated Agent (DA) for the following Agency Location Codes (ALCs):

[LIST EACH ALC THE DA IS AUTHORIZED FOR:] _____

Comments: _____

TYPE OF DESIGNATION OR REVOCATION ACTION: [CHECK ONE]

ORIGINAL DESIGNATION

RE-DESIGNATION

REVOCATION

AUTHORIZED CERTIFICATION FUNCTIONS THAT MAY BE EXERCISED:

The individual named is designated as Designated Agent for the above listed ALC(s) authorized to receive and distribute:

CHECKS (Indicate type): _____

The individual named IS NOT AN AUTHORIZED CERTIFYING OFFICER AND IS NOT CONNECTED WITH THE PREPARATION OF THESE CHECKS. [See Instructions for FMS Form 210DA]

Section II - DESIGNEE

Full Legal Name: _____

Title: _____

Agency: _____

Effective Date: _____

Bureau: _____

Phone: _____

Division: _____ Email: _____

Section III - SIGNATURE SAMPLES OF DESIGNEE [Designee must sign within all 4 boxes in BLACK INK]

Section IV - DESIGNATOR SIGNATURE [Designator must sign within the box in BLACK INK]

Full Legal Name: _____

Title: _____

Agency: _____

Bureau: _____

Division: _____

Email: _____

Phone: _____

Section V - RETURN ADDRESS OF DESIGNATOR

Address: _____

Section VI - To Be Completed by FMS

Transmittal No.: _____

Accomplished Date: _____

By: _____

Instructions for Form FMS 210DA

1. This form is for use in designating Designated Agents (DA) who will have authority to receive checks, for specific Agency Location Codes (ALCs), from the Financial Management Service (FMS) for delivery to the payee(s). In accordance with provisions of Executive Order 6166, as amended (5 U.S.C. 901 note), authority is hereby delegated to the individual named on the form FMS 210DA to act as agent of the disbursing officer for the purpose of receiving and distributing such checks. The DA will be guided by the instructions printed below and such other instructions as may be directed to him/her from time to time.
2. Such designations are valid for a period of two years from the effective date. At the end of that period they will expire, unless a re-designation is submitted to the Financial Management Service (FMS). This form may be used for original designations, re-designations and revocations.
3. Only one individual may be designated authority or revoked per form.

Section I

- List all Agency Location Codes (ALCs) that the designee will have authority to receive checks.
- Enter pertinent information in the Comments field, such as Designee Name Change, etc.
- Check the appropriate block for "Type of Designation or Revocation Action". Only one block may be checked.
 - Check "Original Designation" for new designations.
 - Check "Re-Designation" for renewals of existing designations.
 - Check "Revocation" to revoke all authority that was originally designated. If partial authority is to be retained from the original designation, a new form FMS 210DA must be received re-designating that authority.

Section II

- The Full Legal Name of the designee must be entered for designee name.
- Enter the Title of the designee.
- For "Effective Date" enter the date that the designation is to be effective on. Designations are good for a period of two years from the effective date. The actual effective date will be the latter of, the requested effective date and the date the designation is actually accepted by FMS.

Section III

- Designee must sign within all four boxes.
- All signatures must be handwritten originals.
- All signatures must be clearly legible in **BLACK INK** for reproduction purposes.
- Designee must sign in the same manner as he/she will be using on future documents to be submitted to FMS.

Section IV

- All forms FMS 210DA must be signed in this section by an authorized designator, whose authority is substantiated by a valid form FMS 2958, on file with FMS.
- Signature must be within the box and clear and legible, using **BLACK INK** for reproduction purposes.
- An accomplished copy of form FMS 210DA will be returned directly to the designator, at the address specified in Section V.
- Designators are cautioned to review accomplished copies to ensure no changes to form FMS 210DA have occurred between signature and acceptance by FMS.

Section V

- Must be completed to reflect the return address of the designator signing in Section IV.

Section VI

- Will be completed by FMS.
- If accomplished date is later than the effective date, the accomplished date will become the effective date.

Designated Agent Instructions

1. Under this delegation, checks will be forwarded to you, the Designated Agent, for distribution in accordance with the following instructions:
 - (a) Checks **shall not be delivered to payees prior to the issuance date** appearing on them; however, they may be mailed as authorized in (b) prior to the issuance date, if it is determined that delivery will not be made before that date.
 - (b) Checks shall be delivered personally by the Designated Agent, or by responsible personnel of the agency, to individual employees. In case of emergency or where an employee is absent on leave, mailing requests may be honored subject to agency administrative approval. Any other mailing of checks is subject to waiver requirements outlined in TFM 4-2000.
 - (c) The individual named IS NOT AN AUTHORIZED CERTIFYING OFFICER AND IS NOT CONNECTED WITH THE PREPARATION OF THESE CHECKS.
 - (d) The insertion of an address on the face of a check forwarded to the Designated Agent for delivery, or the correction of any data shown IS NOT AUTHORIZED.
 - (e) In most cases of emergency or where an employee is absent on leave and a check is to be mailed, a check size insert should be prepared. The insert should be enclosed with the check in such manner that the name and address will appear in the window of the envelope. A duplicate of this insert or other suitable record shall be maintained to indicate the address to which the check has been mailed. In mailing checks, disbursing check envelopes should be obtained from the issuing disbursing office (RFC). Checks are to be mailed in a check envelope.
 - (f) No check shall be delivered personally or by mail to an employee leaving the service until it has been determined that the employee is entitled to the full proceeds of a check or if any part of the information appearing on it is erroneous, the check will be returned to the issuing disbursing office (RFC) with a notation to that effect.
 - (g) Checks which should not, or cannot, be delivered by the Designated Agent in accordance with these instructions will be returned to the issuing disbursing office (RFC) within 5 days after receipt. The only exception is when employees are on leave; checks may then be held for 30 days. All checks shall be kept in a combination lock safe or locked fireproofed cabinet pending distribution or return to the issuing disbursing office (RFC). Checks returned to the issuing disbursing office (RFC) will be accompanied by a statement giving the reason for this return.
2. If the Designated Agent or an agency messenger calls at the disbursing office (RFC) for checks, signature acknowledgements of receipt will be required. Before release of checks to a messenger, it will be necessary that the Designated Agent's written request for delivery contain both signatures and be filed with the disbursing office (RFC). The disbursing offices (RFCs) will not ordinarily require acknowledgement for receipt of checks mailed to the Designated Agent for distribution.