

INSTRUCTIONS

Use this form to move funds from one Transfer Pay account to another Transfer Pay account. Funds may be moved to cover anticipated usage in an existing account or to fund a new service. (When you reduce funding in an account, you must certify that remaining funds will be sufficient to cover all pending invoices, on-order items, and planned usage.) Use ONE form per fiscal year. If you have questions or need assistance completing this form, email fliccfft@loc.gov or call (202) 707-4900.

When complete, email the form to fliccfft@loc.gov.

MOVE FUNDS OUT of a Transfer Pay Account

Service ID and Name

Service Dollar
Amount

Total Decrease

Certification: I certify that I have verification from the vendor(s) listed that the remaining balance(s) in the above account(s) will be sufficient to cover all outstanding and projected usage of the service(s) for the fiscal year indicated. I understand that my agency is responsible for any additional charge(s) accrued under the the FEDLINK IAA.

MOVE FUNDS INTO a Transfer Account or **START NEW Transfer Account**

Service ID and Name

**Service Dollar
Amount**

Total Increase

SIGNATURE

I understand and accept the policies and procedures for using FEDLINK and authorize FEDLINK to amend my IAA to adjust my existing pay service accounts and to begin new services where specified. Submitting this request form does not change my agency's obligation to FEDLINK under the IAA but my authorization will initiate changes in the allocation of funds among services. I also confirm the certifications required above.

First Name:

Last Name:

Title:

Branch:

**Agency/
Office:**

**Signature
(Electronic or Written)**

Date