

## AUTHORIZATION TO START, STOP OR CHANGE AN ALLOTMENT

### PRIVACY ACT STATEMENT

**AUTHORITY:** 37 U.S.C., E.O. 9397.

**PRINCIPAL PURPOSE:** To permit starts, changes, or stops to allotments. To maintain a record of allotments and ensure starts, changes, and stops are in keeping with member's desires.

**ROUTINE USES:** Information may be released to computer service centers and other accounting services when such centers and services act as authorized agents of organizations specified by the member to receive allotments. Disclosure may be made to the Federal Reserve System when payment of allotment is made through the electronic fund transfer system to financial organizations. Records may also be disclosed to Congress; allottees, Secret Service; General Accounting Office, Federal, State and local courts; U.S. Treasury; and to the Department of Justice, in some cases for prosecution, civil litigation, or for investigative purposes.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information as well as the SSN may result in the member not being able to start, change, or stop allotments.

### TO BE COMPLETED BY ALLOTTER

<b>1. BRANCH OF SERVICE</b> ( <i>X one</i> ) <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY		<b>2. NAME OF ALLOTTER</b> ( <i>Last, First, Middle Initial</i> ) (Print or type)		<b>3. SSN</b>		<b>4. PAY GRADE</b>	
<b>5. ADDRESS OF ALLOTTER</b> ( <i>Street or Box Number, City, State, ZIP Code</i> )			<b>6. DAYTIME TELEPHONE NUMBER</b> ( <i>Include Area Code</i> )		<b>7. EFFECTIVE DATE</b> ( <i>YYYYMM</i> )		<b>8. MONTHLY AMOUNT OF ALLOTMENT</b> \$
<b>9. NAME OF ALLOTTEE</b> ( <i>First, Middle Initial, Last</i> )			<b>10. ALLOTMENT ACTION</b> ( <i>X one</i> ) <input type="checkbox"/> START <input type="checkbox"/> STOP <input type="checkbox"/> CHANGE			<b>11. TERM IN MONTHS</b>	
<b>12. CREDIT LINE</b> ( <i>If applicable</i> )			<b>13. ALLOTMENT CLASS AUTHORIZED</b> ( <i>X one</i> ) <input type="checkbox"/> C - CHARITY/CFC <input type="checkbox"/> D - DISCRETIONARY ALLOTMENTS ( <i>Includes dependent support, payment to financial institution, insurance, repayment of home loan, rent, etc. (Notes 1 and 2)</i> ) <input type="checkbox"/> F - CHARITY - EMERGENCY/ASSISTANCE FUND CONTRIBUTION <input type="checkbox"/> L - REPAYMENT OF LOAN TO SERVICE ORGANIZATION ( <i>Red Cross, Relief Society, etc. - Navy and Marine Corps only</i> ) <input type="checkbox"/> N - NSLI OR USGLI INSURANCE PREMIUM <input type="checkbox"/> T - PAYMENT OF DEBTS TO U.S., DELINQUENT STATE OR LOCAL INCOME/EMPLOYMENT TAXES <input type="checkbox"/> - OTHER ( <i>Specify</i> )				
<b>14. ALLOTTEE'S MAILING ADDRESS</b> ( <i>Street or Box Number, City, State, ZIP Code</i> )			<b>15. IF FOREIGN ADDRESS COMPLETE AS FOLLOWS</b> ( <i>Province, Country</i> )				
<b>16. REMARKS</b>							
<b>17. COMPANY CODE/FINANCIAL INSTITUTION/ROUTING TRANSIT NUMBER</b>			<b>18. ACCOUNT NUMBER/POLICY NUMBER</b>				
<b>17. COMPANY CODE/FINANCIAL INSTITUTION/ROUTING TRANSIT NUMBER</b>			<b>19. TOTAL CLASS L AMOUNT</b> \$		<b>20. TOTAL CLASS T AMOUNT</b> \$		

### STATEMENT OF UNDERSTANDING

I understand that this allotment is legal and that by **voluntarily** completing this form, I am responsible for:

- **Ensuring** that the information is correct;
- **Reviewing** my Leave and Earnings Statement to ensure the allotment stops, starts, or changes as directed including amount and payee;
- **Collecting** overpayments from the receiver (payee) of the allotment, if I do not change or stop the allotment after a loan is repaid;
- **Contacting** the receiver (payee) of the allotment, at my expense, to obtain monthly statements for my personal records.

I also understand that any problems once the allotment is delivered to the receiver (payee) are beyond the control of the Defense Finance and Accounting Service (DFAS) and that DFAS is only responsible for ensuring proper delivery of any voluntary allotment for the period directed. I further understand that pursuant to conditions listed in the DoD 7000.14-R, Volume 7A, changes can be made by DFAS to an allottee's name, address, or account number.

<b>21. SIGNATURE OF ALLOTTER</b>	<b>22. DATE</b> (YYYYMMDD)
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**NOTE 1.** Must be different address than allotter. Each dependent allotment must have a different credit line. Only one support allotment per dependent is allowed.

**NOTE 2.** This is a voluntary allotment and can be to any payee you desire.