ACCOUNTABLE OFFICIAL APPLICATION FORM FOR U.S. DEPARTMENT OF THE TREASURY STORED VALUE CARD (SVC)

OMB No. 1510-
EXP. DATE

DIRECTIONS: Submit completed form to Disbursing. Provide bank or credit union information if you are authorized to transfer funds from a U.S. government bank or credit union account to your Accountable Official Treasury SVC account at a Treasury SVC kiosk.

ACCOUNTABLE OFFICIAL PERSONAL INFORMATION

1. RATE, RANK, TITLE	2. FIRST NAME	3. MIDDLE INITIAL	4. LAST NAME

5. SSN	6. PAY GRADE	7. MILITARY BRANCH OR COMPANY NAME (Contractors)	8. DATE OF BIRTH (MMDD)	9. MOTHER'S MAIDEN NAME OR KEYWORD (Required for security purposes)

10. MILITARY DUTY ADDRESS (For Navy/Marine Cash include assigned Division, Unit, etc.) OR WORK ADDRESS (Contractors)	USMC only	
	10a. MEU	10b. MLG

10c. CITY	10d. STATE	10e. ZIP CODE	10f. COUNTRY

11. RESIDENCE/PERMANENT ADDRESS

11a. CITY	11b. STATE	11c. ZIP CODE	11d. COUNTRY

12. WORK TELEPHONE NUMBER	13. CELL PHONE NUMBER	14. E-MAIL ADDRESS

ACCOUNTABLE OFFICIAL BANK OR CREDIT UNION INFORMATION

15. BANK OR CREDIT UNION NAME	16. CITY	17. STATE	18. ZIP CODE

19. ABA ROUTING NUMBER (9-digit number)	20. ACCOUNT NUMBER

21. ACCOUNT NAME (Your name as it appears on your account)	22. ACCOUNT TYPE (X one)
	☐ CHECKING ☐ SAVINGS

ACCOUNTABLE OFFICIAL LIABLITY: I acknowledge that I am the Accountable Official for all funds placed on this card and may be held peculiarly liable for the loss or misuse of such funds. I may be relieved of such liability only under the procedures detailed in DoD FMR Volume 5, Chapter 1.
EXPIRED, LOST, STOLEN, OR DAMAGED CARD: When the Accountable Official Treasury SVC expires, any value remaining will be forwarded to the bank or credit union account specified above. If the account has been closed or if any value remaining on the Treasury SVC cannot be forwarded to the account for any other reason, I understand that the funds will be transferred to an account in the U.S. Treasury in accordance with 31 U.S.C. 1322. The agency listed in Item 21 retains the right to claim such funds. If my Accountable Official Treasury SVC is lost, stolen, or damaged, I may be charged a fee for a replacement card.
ADDITIONAL TERMS AND CONDITIONS: By using the Accountable Official Treasury SVC, I agree to accept the terms and conditions for use of the Accountable Official Treasury SVC established by the issuer of the card. This form may be imaged and kept on file electronically by the U.S. Department of the Treasury and/or its Financial or Fiscal Agent and an electronic image shall be considered the legal equivalent of the original. I represent and warrant that the agency listed in Item 21 has authorized me to obtain this Accountable Official Treasury SVC, to link it to the bank or credit union account listed above, and to hold, collect, and disburse funds that are in the account and on this Accountable Official Treasury SVC.

PRIVACY ACT STATEMENT
AUTHORITY: Executive Order 9397, 31 CFR 210, and 31 U.S.C. 7701.
PRINCIPAL PURPOSE(S): To enroll individuals in the Treasury Stored Value Card (SVC) program; to obtain authorization to initiate debit and credit entries to individual's and/or U.S. government accounts; and to facilitate collection of any delinquent amounts.
ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. Section 552a (b) of the Privacy Act of 1974, as amended. It may be disclosed outside of the U.S. Department of the Treasury, Fiscal and Financial Agents involved in providing SVC services, and their contractors or to the Department of Defense (DoD) for the purpose of administering the Treasury SVC programs. In addition, other Federal, State, or local government agencies that have identified a need to know may obtain this information for the purpose(s) as identified by FMS's Routine Uses as published in the Federal Register. Aggregate data about transactions captured both on and off the installation or ship, whether through the card's electronic purse or magnetic strip, may be used to generate summary level reports.
DISCLOSURE: Disclosure is voluntary; however, failure to furnish requested information may prevent you from participating in the Treasury SVC programs. Your SSN is being requested to verify your identity and to facilitate the collection of any amounts that may become due to the government as a result of your use of the Treasury SVC. If you do not provide your SSN, we cannot process your application for an SVC.

BURDEN ESTIMATE STATEMENT
The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestion for reducing the burden, to the U.S. Department of the Treasury, Financial Management Service, 401 14th Street, SW 20227. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

AUTHORIZATION TO MAKE US TREASURY SVC TRANSFERS ELECTRONICALLY TO AND FROM BANK OR CREDIT UNION ACCOUNT
I authorize the U.S. Treasury's Fiscal or Financial Agent to initiate debit and credit entries to my bank or credit union account at the financial institution specified above in order to fulfill any requests I may make to transfer funds between the bank or credit union account and this Treasury SVC account.

23. POSITION TO WHICH APPOINTED

24. SIGNATURE	25. DATE SIGNED (YYYYMMDD)

26. SIGNATURE of COMMANDING OFFICER (may attach copy of Accountable Official's appointment letter signed by CO in lieu of CO's signature)	27. DATE SIGNED (YYYYMMDD)

FOR OFFICE USE ONLY

28. ISSUED BY (Disbursing/Financial Office Name/Location)	29. CARD NUMBER (Last six digits)

DEPARTMENT OF THE TREASURY
FINANCIAL MANAGEMENT SERVICE