

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

OMB No. 1510-  
EXP. DATE

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ADDRESS IN THE PARAGRAPH BELOW. SUBMIT COMPLETED FORMS AS SHOWN IN "DIRECTIONS".**  
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 14<sup>th</sup> 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.

## PRIVACY ACT STATEMENT

**AUTHORITY:** P.L. 104-134, Debt Collection Improvement Act 1996, as amended; 5 U.S.C. 5514; 31 U.S.C. Sections 1322 and 3720A; 37 U.S.C. Section 1007; 31 CFR 210 and 285; and E.O. 9397.

**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 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 552(a)(b) of the Privacy Act of 1974, as amended. It may be disclosed outside of the U.S. Department of the Treasury to its Fiscal and Financial Agents and their contractors involved in providing SVC services, 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.

**DISCLOSURE:** Disclosure is voluntary; however, failure to furnish requested information may significantly delay or prevent your participation in the Treasury SVC program.

**DIRECTIONS:** Submit completed form to Disbursing or Finance Officer or other authorized person coordinating enrollment for the Treasury SVC program. Provide bank or credit union information if you wish to transfer funds from your bank or credit union account to your Treasury SVC account at a Treasury SVC kiosk. For more information about the Treasury SVC programs, please visit <http://www.fms.treas.gov/eaglecash> or <http://www.fms.treas.gov/navycash>.

1. STORED VALUE CARD (SVC) PROGRAM APPLYING FOR (*X as applicable*) EAGLECASH NAVY CASH/MARINE CASH OTHER (*Specify*) \_\_\_\_\_

## SECTION I – APPLICANT PERSONAL INFORMATION

2. RATE, RANK, TITLE		3. FIRST NAME		4. MIDDLE INITIAL	5. LAST NAME
6. SSN	7. PAY GRADE	8. MILITARY BRANCH OR COMPANY NAME (Contractors)		9. DATE OF BIRTH (MMDD)	10. MOTHER'S MAIDEN NAME OR KEYWORD (Required for security purposes)
11a. MILITARY DUTY ADDRESS (For Navy/Marine Cash include assigned Division, Unit, etc.) OR WORK ADDRESS (Contractors)					b. USMC only (1) MEU (2) MLG
c. CITY			d. STATE	e. ZIP CODE	f. COUNTRY
12a. RESIDENCE/PERMANENT ADDRESS					
b. CITY			c. STATE	d. ZIP CODE	e. COUNTRY
13. WORK TELEPHONE NUMBER		14. CELL PHONE NUMBER		15. E-MAIL ADDRESS	

## SECTION II – APPLICANT BANK OR CREDIT UNION INFORMATION

16a. BANK OR CREDIT UNION NAME		b. CITY	c. STATE	d. ZIP CODE
17. ABA ROUTING NUMBER (9-digit number)		18. ACCOUNT NUMBER		
19. ACCOUNT NAME (Your name as it appears on your account)			20. ACCOUNT TYPE ( <i>X one</i> ) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	

## SECTION III – STATEMENTS OF UNDERSTANDING

**DEBT COLLECTION/WAIVER OF PRIOR DUE PROCESS:** In consideration of receiving a Treasury SVC, I hereby knowingly and voluntarily consent to the immediate collection from my pay (military or civilian), without prior notice or prior opportunity for a hearing or review, of any amounts that may become due and owing as a result of my use of the Treasury SVC. This means the government may deduct amounts owed from my pay as authorized by 5 U.S.C. 5514, 37 U.S.C. 1007, and other applicable laws. If I am employed by a contractor or I am no longer receiving military or civilian pay and amounts remain or become due or owing, I understand that the government will initiate debt collection procedures in accordance with the Federal Claims Collections Standards (31 CFR 900-904) and Chapters 28-32, Volume 5, DoD 7000-14-R, DoD Financial Management Regulation.

**EXPIRED, LOST, STOLEN, OR DAMAGED CARD:** When my Treasury SVC expires, any value remaining will be forwarded to my 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 and that I retain the right to claim such funds. If my Treasury SVC is lost, stolen, or damaged, I may be charged a fee for a replacement card.

**ADDITIONAL TERMS AND CONDITIONS:** By using the Treasury SVC, I agree to accept the terms and conditions for use of the 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. The electronic image shall be considered the legal equivalent of the original.

## SECTION IV – AUTHORIZATION TO MAKE SVC TRANSFERS ELECTRONICALLY TO AND FROM MY BANK OR CREDIT UNION ACCOUNT

I authorize the U.S. Treasury's Financial or Fiscal 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 my bank or credit union account and my Treasury SVC account.

21. SIGNATURE	22. DATE SIGNED (YYYYMMDD)
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## SECTION V – FOR OFFICE USE ONLY

23. ISSUED BY (Disbursing/Financial Office Name/Location)	24. CARD NUMBER (Last six digits)
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