

FORM 6450-005 "Account Update"

EXCHANGE CREDIT PROGRAM

ACCOUNT UPDATE



FOR EXCHANGE USE ONLY

Date Received HQ _____
 I.D. Verified By: _____
 Local Store _____ (Initials)

Please read the Agency Disclosure Notice at the bottom of this page and the Privacy Act Statement on reverse prior to completion of the below application. Be certain to read and follow all instructions provided when completing this form.

CUSTOMER INFORMATION (Please print all information)

a. Account Number (Social Security No. may be used)	C H A N G E S	
b. Full Name on Account (Last, First, MI)		c. CHANGE Name To (For Name Changes Only)
d. Home Address (Street, Box, City, State and Zip)		e. CHANGE Home Address To (Street, Box, City, State and Zip)
f. Home Phone		g. CHANGE Home Phone To
h. Work Phone		i. CHANGE Work Phone To

AUTHORIZED USER INFORMATION (Select the appropriate option below by initialing option.)

j. I understand that authorized users are **required** to be 1) a family member or the account holder, 2) 18 years of age or older and 3) that I am responsible for all transactions made by them.

<p>OPTION A – I AUTHORIZE the following individual(s) to use my:</p> <p><input type="checkbox"/> MILITARY STAR Card account ONLY</p> <p><input type="checkbox"/> Both MILITARY STAR Card & MILITARY STAR Rewards MasterCard accounts.*</p>	<p>OPTION B – I WITHDRAW AUTHORIZATION From the following individual(s) to use my:</p> <p><input type="checkbox"/> MILITARY STAR Card <input type="checkbox"/> MILITARY STAR Rewards MasterCard account</p> <p><input type="checkbox"/> Both MILITARY STAR Card & MILITARY STAR Rewards MasterCard accounts. **</p>
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*To ADD an authorized user to your **MILITARY STAR Rewards MasterCard** account, they must be ADDED as an authorized user to your **MILITARY STAR Card** account.

To REMOVE an authorized user from your **MILITARY STAR Card, they must be REMOVED from your **MILITARY STAR Rewards MasterCard**

1. Family Member Name (Last, First, MI)	Relationship	DOB: (dd mmm yyyy)	Social Security No. (authorized user)
2. Family Member Name (Last, First, MI)	Relationship	DOB: (dd mmm yyyy)	Social Security No. (authorized user)

ACKNOWLEDGMENT - The information furnished on this update form is true and correct to the best of my knowledge. I understand that use of any account in connection with this form is subject to the terms and conditions of the EXCHANGE CREDIT PROGRAM AGREEMENT.

l. ACCOUNT HOLDER SIGNATURE REQUIRED:	m. DATE: (dd mmm yyyy)
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The public reporting burden for this collection of information, 0702-0137, is estimated to average 2 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. 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: 10 U.S.C. 7013, Secretary of the Army; 10 U.S.C. 9013, Secretary of the Air Force; Federal Claims Collection Act of 1966 (Pub.L. 89-508, as amended) and Debt Collection Act of 1982 (Pub.L. 97-365, as amended), as amended by the Debt Collection Improvement Act of 1996 (Pub.L. 104-134, section 31001) as codified in 31 U.S.C. §3711, Collection and Compromise; 31 CFR 285.11, Administrative Wage Garnishment; DoD Instruction 1330.21, Armed Services Exchange Regulations; DoD 7000.14-R, Department of Defense Financial Management Regulation Volume 13; "Nonappropriated Funds Policy" and Volume 16: "Department of Defense Debt Management"; Army Regulation 215-8/Air Force Instruction 34-211(I), Army and Air Force Exchange Service Operations; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSES(S): To determine an individual's credit worthiness, monitor account activity, process account purchases, payments and/or collections, answer patron's questions about their account, determine indebtedness and eligibility to cash checks at Exchange facilities, administer and respond to questions about the Federal Claims Collection Act, and post to Exchange Accounts Receivable and audit results.

ROUTINE USE(S): Your records may be disclosed outside of DoD pursuant to Title 5 U.S.C. §552a(b)(3) regarding DoD "Blanket Routine Uses" published at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>. This includes disclosure to the Department of the Treasury, and a debt collection agency with which the United States has contracted for collection services to recover debts owed to the United States. To any employer (person or entity) that employs the services of others and that pays their wages or salaries, where the employee owes a delinquent nontax debt to the United States. The term employer includes, but is not limited to, State and local governments, but does not include any agency of the Federal Government. To consumer reporting agencies pursuant to 5 U.S.C. 552a(b)(12) as defined in the Fair Credit Reporting Act (14 U.S.C. 1681a(f)) or the Federal Claims Collection Act of 1966 (31 U.S.C. 3701(a)(3)). The purpose of this disclosure is to aid in the collection of outstanding debts owed to the Federal government; typically, to provide an incentive for debtors to repay delinquent Federal government debts by making these debts part of their credit report. The disclosure is limited to information necessary to establish the identity of the individual, including name, address, and taxpayer identification number (Social Security Number); the amount, status, and history of the claim; and the agency or program under which the claim arose for the sole purpose of allowing the consumer reporting agency to prepare a commercial credit report. This disclosure will be made only after the procedural requirement of 31 U.S.C. 3711(f) has been followed.

DISCLOSURE: Voluntary, however, failure to provide all the requested information may result in the denial of your application for inadequate data.

INSTRUCTIONS:

B^S^W^a_ b^W^Z^S^b^U^S^f^a` [` [fe Wf^d^M^k^fa W^e^d^W^_ W^k^b^c^a^U^e^j` Y^z
\$Z 8a^ai S^"V^d^M^f^a` e^b^j` f^W^a` f^Z^S^b^U^S^f^a` ž

% Questions should be directed to the Exchange Credit Program Contact Center at 1-877-891-7827.