

PERSONAL CHECK CASHING AGREEMENT

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OMB approval expires
XXXXXXX

The public reporting burden for this collection of information is estimated to average 15 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 suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@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.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS OF THE AGENCY WHICH PROVIDED THIS FORM.

PRIVACY ACT STATEMENT

AUTHORITY: 31 U.S.C. Section 3342, E.O. 9397, and DoD Financial Management Regulation (DoDFMR) 7000.14-R, Volume 5, Chapter 4.

PRINCIPAL PURPOSES: This form is designed exclusively to help overseas and afloat DoD disbursing activities, expedite the collection process of dishonored checks overseas and afloat.

ROUTINE USES: 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 also be disclosed outside of the Department of Defense to Federal, state, or local government agencies, which have identified a need to know, for the purpose(s) identified in the DoD Blanket Routine Uses as published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to provide the requested information may result in refusal to cash personal checks.

PLEASE PRINT OR TYPE ALL INFORMATION.

1. NAME (Last, First, Middle)		2. SOCIAL SECURITY NUMBER
3. ORGANIZATION/LOCATION		4. RANK/GRADE
		5. DUTY TELEPHONE NUMBER (Include Area Code)
6. BRANCH OF SERVICE	7. SUPERVISOR'S NAME (Last, First, Middle Initial)	8. SUPERVISOR'S TELEPHONE NUMBER (Include Area Code)
9. HOME ADDRESS (Street, Apartment Number, City, State, ZIP Code)		
10. HOME TELEPHONE NUMBER (Include Area Code)	11. DRIVER'S LICENSE NUMBER	12. DRIVER'S LICENSE STATE

POWER OF ATTORNEY

I desire to execute a power of attorney and I appoint and by these presents do make, constitute and appoint the below listed individual(s) my true and lawful attorney(s)-in-fact to draw, make, endorse, and cash personal checks drawn upon any account which I may have as sole or joint owner. Any act performed hereunder for me or from my account shall be binding on me, my heirs, legal and personal representatives and assigns. Transactions under this authority shall be in my name and all endorsements and instruments executed by my attorney shall contain my name, followed by that of my attorney and the designation "Attorney-in-Fact".

13. AUTHORIZED AGENT	14. AUTHORIZED AGENT
15. AUTHORIZED AGENT	16. AUTHORIZED AGENT

"In consideration of the extension of the privilege to have personal checks cashed by a Department of Defense finance/ disbursing officer, I hereby freely and voluntarily consent to the immediate collection from my current pay, without prior notice or prior opportunity to be heard, the face value of any check cashed by myself or my authorized agents, plus any charges assessed against the government by a financial institution, in the event such instrument is dishonored and returned for insufficient funds or closed accounts."

17. REQUESTOR'S SIGNATURE	18. DATE
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PAY ADJUSTMENT AUTHORIZATION		NOTE: If individual has been transferred, forward this authorization to the officer currently maintaining the individual's pay record.	
1. MEMBER/EMPLOYEE NAME <i>(Last, First, Middle)</i>	2. SSN	3. RANK/GRADE	4. BRANCH OF SERVICE
5. PAY GRADE NUMBER	6. AMOUNT	7. APPROPRIATION DATA	
8. FROM		9. NAME OF ACCOUNTABLE DISBURSING OFFICER (D.O.)	
		10. D.O. SYMBOL	11. G.A.O. EXCEPTION CODE
12. TO		13. YOU ARE HEREBY AUTHORIZED TO DEDUCT THE AMOUNT OF \$ _____ FROM THE ACCOUNT OF THE ABOVE NAMED INDIVIDUAL.	
14. EXPLANATION AND/OR REASON FOR ADJUSTMENT			
NEEDS DD67			
I CERTIFY that this collection is the result of dishonored personal checks cashed by the cited individual for the amounts stated. The individual has consented in writing, that in consideration for cashing the individual's check(s) the amount of any check returned unpaid for any reason, plus any charges assessed against the government by a financial institution, may be collected from the individual's pay.			
15. FROM			
16. DISBURSING OFFICER			
a. NAME <i>(Last, First, Middle Initial)</i>	b. RANK/GRADE	c. SIGNATURE	
I CERTIFY that the adjustment indicated above has been entered on the above-named individual's Pay Record. <i>(If adjustment has not been entered, give explanation in the space provided above.)</i>			
17. TO	18. PAYROLL OFFICER		
	a. NAME <i>(Last, First, Middle Initial) (Type or Print)</i>		b. RANK/GRADE
	19. PAYROLL DSSN	20. DATE	
21. SIGNATURE			