PERSONAL CHECK CASHING AGREEMENT

OMB No. 0730-0005 OMB approval expires XXXXXXXX

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-informationos@main.iml. 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 F ea Code)			
9. HOME ADDRESS (Street, Apartment Number, City, State, ZIP Code)					
10. HOME TELEPHONE NUMBER (Include Area Code) 11. DRIVER'S LICENSE NUMBER	R	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		ENT			
"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			

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 (Last, First, Middle)	2. SSN	3. RANK/GRADE	4. BI	RANCH OF SERVICE	
5. PAY GRADE NUMBER	6. AMOUNT	7. APPROPRIATIO	7. APPROPRIATION DATA		
8. FROM		9. NAME OF ACC	9. NAME OF ACCOUNTABLE DISBURSING OFFICER (D.O.)		
		10. D.O. SYMBOL		A.O. EXCEPTION ODE	
12. TO		13. YOU ARE HEREBY AUTHORIZED TO DEDUCT THE AMOUNT OF \$ FROM THE ACCOUNT OF THE ABOVE NAMED INDIVIDUAL.			
I CERTIFY that this collection is the result of stated. The individual has consented in writing,	dishonored personal that in consideration	for cashing the individual's	d individual for check(s) the a	mount of any	
check returned unpaid for any reason, plus any collected from the individual's pay. 15. FROM	charges assessed ag	ainst the government by a	financial institu	ution, may be	
16. DISBURSING OFFICER					
a. NAME (Last, First, Middle Initial)	b. RANK/	GRADE c. SIGNATURE			
I CERTIFY that the adjustment indicated about the control of the c			dual's Pay Re	cord.	
17. TO		18. PAYROLL OFFICER a. NAME (Last, First, Middle Initial) (Type or Print) b. RANK/GRAD			
	19. PAYR	OLL DSSN	20. DATE		