

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
ALLOTMENT WORKSHEET

EMPLID	Name (Last, First, MI)	Permanent Unit
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PURPOSE: Use this form to start, stop, or change an allotment and to report a change of address to an allotment. This worksheet serves as the supporting documentation for the SPO input process.

Purpose of Request: Start Stop Change

Blanket Code (If known): <u>CG Chief</u>	Petty Officer Assoc	<i>(Applies to Stops & Changes)</i>
Start Amount: \$2.00	Stop Amount: \$	Enter allotment # from
Month of First Deduction: Current	Month of Last Deduction: NONE	LES:

ALLOTMENT TYPE: Enter type of allotment from table on reverse of this form. **X**

ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION

Type of Account Savings Checking

Allottee Name (person/company who will receive allotment)
DO NOT FILL IN

Routing Transit and Check Digit Number (This 9-digit number can be obtained from the financial institution or found on the bottom of a check or deposit slip.)

DO NOT FILL IN

Account Number (Do not enter loan number. Check with payee and make sure you're using the correct account number for EFT payments.)

DO NOT FILL IN

Account Title (Account Holder's Name)
DO NOT FILL IN

Financial Institution
DO NOT FILL IN

VERIFICATION/AUTHORIZATION INFORMATION

Member's Signature	Date
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SPO Use Only

Date Action Completed	Initials of SPO YN
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Privacy Act Statement

In accordance with 5 USC section 552a(e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard:

Authority - 37 USC Section 703.

Principal Purpose(s) - Used to indicate the type of allotment member requested.

Routine Use(s) - Updating Bond information.

Disclosure - Disclosure is voluntary.