EFT and Manual Financial Assistance Allotment Repayment Agreement

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Service Member’s SSN: | | | Office Code: | | | | Date: | | | | | | Deceased: | | | | Date of Death: | | | | | | |
|  | | |  | | | |  | | | | | |  | | | |  | | | | | | |
| Service Member’s Name: | | | | | | | | | | | | | Date of Birth: | | | | Military Status: | | | | | | |
| *Last* | *First* | | | | | *Middle* | | | *Suffix* | | | |  | | | | Active  Retired  Reserve | | | | | | |
| Branch of Service: | | | | | | Rate/Rank: | | | Pay Grade: | | | | EAS/ETS: | | | | Marital Status Date: | | | | | | |
| Navy  Air Force  Coast Guard | Marine Corps  Army | | | | |  | | |  | | | |  | | | | Married  Divorced  URFS/DB2 | | | | | Single  Separated  Widowed | |
| Military Address: | | | | | | Local Address: | | | | | | | | | | Permanent Home Address: | | | | | | | |
|  | | | | | |  | | | | | | | | | |  | | | | | | | |
| Email: | | | | | | Email: | | | | | | | | | |
| Name of Spouse: | | Spouse Date of Birth: | | | | | | | | Applicant: | | | | | | | | | Local Unit Code/UIC: | | | | |
|  | |  | | | | | | | | SM  Spouse  Other | | | | | | | | |  | | | | |
| Number of Dependents: | | Home Phone: | | | | | | | | Work Phone: | | | | | | | | | Cell Phone: | | | | |
|  | | (     ) | | | | | | | | (     ) | | | | | | | | | (     ) | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Caseworker: | | | | | FSO/HQ Representative: | | | | | | | | | | Reason Code: | | | | | Tracking Code: | | | Total: |
|  | | | | |  | | | | | | | | | |  | | | | |  | | |  |
| Check/AMEX/Card #: | | Payee: | | | | | | Amount: | | | | Assist. Code: | | Loan/Grant: | | | | Memo: | | | | | |
|  | |  | | | | | |  | | | |  | |  | | | |  | | | | | |
| Check/AMEX/Card #: | | Payee: | | | | | | Amount: | | | | Assist. Code: | | Loan/Grant: | | | | Memo: | | | | | |
|  | |  | | | | | |  | | | |  | |  | | | |  | | | | | |
| Check/AMEX/Card #: | | Payee: | | | | | | Amount: | | | | Assist. Code: | | Loan/Grant: | | | | Memo: | | | | | |
|  | |  | | | | | |  | | | |  | |  | | | |  | | | | | |
| Allotment  Cash  EFT | | I acknowledge receipt of $           as an interest-free loan from NMCRS and will repay $           per month for       months beginning               . I acknowledge the receipt of $           as a grant. | | | | | | | | | | | | | | | | | | | | | |
| Bank:                      Routing Number:                      Account Number: | | | | | | | | | | | | | | | | | | | | | | | |
| My signature below indicates acceptance of the following conditions of this agreement *(Applies to Loans only).*  I authorize NMCRS to start an allotment in accordance with the allotment terms outlined above. I further authorize future allotment changes or stop actions to reduce or nullify the total debt when there is a partial or total reduction in the balance owed. I understand that any airline or travel cost change will be reflected in the loan amount and repayment will be adjusted.  **Loan Disclosure**  Federal law provides important protections to members of the Armed Forces and their dependents. In general, the cost of consumer credit to members of the Armed Forces may not exceed an annual percentage rate of 36%. **ALL NMCRS LOANS** are at **zero (0%) interest** and there are **no associated fees or costs added** to the loan amount. Any questions about your loan may be directed to NMCRS Loan Administration at 1-800-654-8364 M-F 8:15 to 4:15 Eastern Time.  Should I separate from military service, for whatever reason, I understand that NMCRS may refer any delinquent, unpaid balances to a collection agency.  I understand that the amounts owed to NMCRS may be withheld from my final pay and that I am responsible for any unpaid balance remaining after release from active duty.  I authorize the Department of Defense to supply NMCRS with any requested information contained in my official personnel and pay file in connection with this assistance.  I understand that: (a) the solicitation of this information is for the purpose of allotment starts, changes or stops; (b) the disclosure of this information is voluntary; (c) failure to provide this information will result in the denial of financial assistance. | | | | | | | | | | | | | | | | | | | | | | | |
| Sponsor’s Signature | | | | Date: | | | | | | | Recipient’s Signature | | | | | | | | | | Date: | | |
| Caseworker’s Signature (CW) | | | | Date: | | | | | | | Reviewer’s Signature | | | | | | | | | | Date: | | |