

## EFT and Manual Financial Assistance Allotment Repayment Agreement

Service Member's SSN:	Office Code:	Date:	Deceased: <input type="checkbox"/>	Date of Death:	
Service Member's Name: <i>Last First Middle Suffix</i>			Date of Birth:	Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Reserve	
Branch of Service: <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard		Rate/Rank:	Pay Grade:	EAS/ETS:	
				Marital Status Date: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> URFS/DB2 <input type="checkbox"/> Widowed	
Military Address:	Local Address:		Permanent Home Address:		
Email:	Email:				
Name of Spouse:	Spouse Date of Birth:	Applicant: <input type="checkbox"/> SM <input type="checkbox"/> Spouse <input type="checkbox"/> Other		Local Unit Code/UIC:	
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:
<input type="checkbox"/> Allotment <input type="checkbox"/> Cash <input type="checkbox"/> 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: _____					
<p><b>My signature below indicates acceptance of the following conditions of this agreement (<i>Applies to Loans only</i>).</b></p> <p>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.</p> <p style="text-align: center;"><b>Loan Disclosure</b></p> <p>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%. <b>ALL NMCRS LOANS</b> are at <b>zero (0%) interest</b> and there are <b>no associated fees or costs added</b> 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.</p> <p>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.</p> <p>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.</p> <p>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.</p>					
Sponsor's Signature		Date:	Recipient's Signature		Date:
Caseworker's Signature (CW)		Date:	Reviewer's Signature		Date: