

## AUTHORIZATION TO START, STOP OR CHANGE AN ALLOTMENT

### PRIVACY ACT STATEMENT

**AUTHORITY:** 37 U.S.C. Section 701, E.O. 9397.

**PRINCIPAL PURPOSE:** To permit starts, changes, or stops to allotments. To maintain a record of allotments and ensure starts, changes, and stops are in keeping with member's desires.

**ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, these records of information contained therein may specifically be disclosed outside the DoD as a routine use to the Federal Reserve banks to distribute payments made through the direct deposit system to financial organizations or their processing agents authorized by individuals to receive and deposit payments in their accounts. It may also be disclosed to the Treasury Department, Internal Revenue Service, Social Security Administration, Department of Veterans Affairs, Federal, state and local agencies for civil or criminal law enforcement. In addition it can be released for any of the blanket routine uses published at the beginning of the DFAS compilation of system of record notices.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information as well as the Social Security number may result in the member not being able to start, change, or stop allotments.

### TO BE COMPLETED BY ALLOTTER

<b>1. BRANCH OF SERVICE</b> ( <i>X one</i> ) <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY	<b>2. NAME OF ALLOTTER</b> ( <i>Last, First, Middle Initial</i> ) (Print or type)	<b>3. SSN</b>	<b>4. PAY GRADE</b>
<b>5. ADDRESS OF ALLOTTER</b> ( <i>Street or Box Number, City, State, ZIP Code</i> )	<b>6. DAYTIME TELEPHONE NUMBER</b> ( <i>Include Area Code</i> )	<b>7. EFFECTIVE DATE</b> ( <i>YYYYMM</i> )	<b>8. MONTHLY AMOUNT OF ALLOTMENT</b> \$
<b>9. NAME OF ALLOTTEE</b> ( <i>First, Middle Initial, Last</i> )	<b>10. ALLOTMENT ACTION</b> ( <i>X one</i> ) <input type="checkbox"/> START <input type="checkbox"/> STOP <input type="checkbox"/> CHANGE		<b>11. TERM IN MONTHS</b>
<b>12. CREDIT LINE</b> ( <i>If applicable</i> )	<b>13. ALLOTMENT CLASS AUTHORIZED</b> ( <i>X one</i> ) <input type="checkbox"/> C - CHARITY/CFC <input type="checkbox"/> D - DISCRETIONARY ALLOTMENTS ( <i>Includes dependent support, payment to financial institution, insurance, repayment of home loan, rent, etc. (Notes 1 and 2)</i> ) <input type="checkbox"/> F - CHARITY - EMERGENCY/ASSISTANCE FUND CONTRIBUTION <input type="checkbox"/> L - REPAYMENT OF LOAN TO SERVICE ORGANIZATION ( <i>Red Cross, Relief Society, etc. - Navy and Marine Corps only</i> ) <input type="checkbox"/> N - NSLI OR USGLI INSURANCE PREMIUM <input type="checkbox"/> T - PAYMENT OF DEBTS TO U.S., DELINQUENT STATE OR LOCAL INCOME/EMPLOYMENT TAXES <input type="checkbox"/> - OTHER ( <i>Specify</i> )		
<b>14. ALLOTTEE'S MAILING ADDRESS</b> ( <i>Street or Box Number, City, State, ZIP Code</i> )	<b>15. IF FOREIGN ADDRESS COMPLETE AS FOLLOWS</b> ( <i>Province, Country</i> )		
<b>16. REMARKS</b>	<b>17. COMPANY CODE/FINANCIAL INSTITUTION/ROUTING TRANSIT NUMBER</b>		
<b>18. ACCOUNT NUMBER/POLICY NUMBER</b>		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<b>19. TOTAL CLASS L AMOUNT</b> \$
<b>20. TOTAL CLASS T AMOUNT</b> \$			

### STATEMENT OF UNDERSTANDING

I understand that this allotment is legal and that by voluntarily completing this form, I am responsible for:

- **Ensuring** that the information is correct;
- **Reviewing** my Leave and Earnings Statement to ensure the allotment stops, starts, or changes as directed including amount and payee;
- **Collecting** overpayments from the receiver (payee) of the allotment, if I do not change or stop the allotment after a loan is repaid;
- **Contacting** the receiver (payee) of the allotment, at my expense, to obtain monthly statements for my personal records.

I also understand that any problems once the allotment is delivered to the receiver (payee) are beyond the control of the Defense Finance and Accounting Service (DFAS) and that DFAS is only responsible for ensuring proper delivery of any voluntary allotment for the period directed. I further understand that pursuant to conditions listed in the DoD 7000.14-R, Volume 7A, changes can be made by DFAS to an allottee's name, address, or account number.

<b>21. SIGNATURE OF ALLOTTER</b>	<b>22. DATE</b> ( <i>YYYYMMDD</i> )
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**NOTE 1.** Must be different address than allotter. Each dependent allotment must have a different credit line. Only one support allotment per dependent is allowed.  
**NOTE 2.** This is a voluntary allotment and can be to any payee you desire.

**Please follow instructions below as you complete the DD Form 2558 for First Gift allotments (SCROLL DOWN FOR THE FORM):**

**Fill in the form electronically, print, sign and mail. Or print, fill in by hand, sign and mail.**

- **Box 1 – 6:** Complete with your personal information.
- **Box 7:** Enter year YYYY and month MM in which you want the allotment to start.
- **Box 8:** Enter amount of monthly allotment. A recommended amount **has been pre-filled**. Change if desired. \$10.00 is the minimum.
- **Box 9:** U. S. Naval Academy Foundation, Inc. **has been pre-filled**. No action required.
- **Box 10:** "**Start**" **has been checked**. No action required.
- **Box 11:** Leave blank. Allotments occur monthly until you complete a new form to stop the deduction or until you call DFAS directly or you log onto mypay.dfas.mil to discontinue the allotment.
- **Box 12:** Leave blank.
- **Box 13:** "**D**" for discretionary allotments **has been checked**. No action required.
- **Box 14:** Foundation address (**USNAF Gift Processing, 291 Wood Road, Annapolis, MD 21402-1254**) **has been pre-filled**. No action required.
- **Box 15:** Leave blank.
- **Box 16:** Write in the specific designation of your gift. Class recommend split of **75% Class First Gift Fund and 25% Annual Fund has been pre-filled**. Change percentages if desired, making sure that they add to 100%.
- **Box 17:** **S960491 has been pre-filled**. No action required.
- **Box 18 – 20:** Leave blank
- **Box 21 – 22:** Sign and date after reading the "Statement of Understanding."

Next steps:

1. Please send the completed form to the USNA Foundation at the following address:

U.S Naval Academy Foundation  
Attn: Class Giving Coordinator  
291 Wood Road, Beach Hall  
Annapolis, MD 21402

2. The Foundation will then forward your form to DFAS for processing.

Questions? Please contact Dawn Beach, Gift Processing, USNAF at 410-295-4115 or [dawn.beach@usna.com](mailto:dawn.beach@usna.com), or Class Giving Coordinator, USNAF at 410-295-4188 or [repliescg@usna.com](mailto:repliescg@usna.com).

**THANK YOU!**