

NAVY/MARINE AND EAGLE CASH ENROLLMENT AND AUTHORIZATION AGREEMENT

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 9379, Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol. 5, Disbursing Policy and Procedures, and 31 CFR 210.

PRINCIPAL PURPOSE(S): To enroll individuals in the Navy/Marine Cash or Eagle Cash programs. Aggregate data about transactions captured both on and off the ship, whether on the card's electronic purse or through the magnetic strip may be used to generate summary level reports.

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. Section 552(a)(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense to the U.S. Treasury Department, Fiscal and Financial Agents involved in providing Navy/Marine or Eagle Cash services, and their contractors. In addition, other Federal, State, or local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses as published in the Federal Register.

DISCLOSURE: Disclosure is voluntary; however, failure to furnish the requested information may prevent you from participating in the Navy/Marine or Eagle Cash programs.

1. RATE, RANK, TITLE		2. FIRST NAME		3. MIDDLE INITIAL	4. LAST NAME	
5. SSN	6. PAY GRADE	7. MILITARY BRANCH <i>(Organization)</i>		8. DATE OF BIRTH <i>(MMDD)</i>	9. MOTHER'S MAIDEN NAME	
10. ADDRESS 1 <i>(Ship's/Organization's Name)</i>						
11. ADDRESS 2 <i>(Division/Unit, etc.)</i>						
12. CITY			13. STATE	14. ZIP CODE	15. COUNTRY	
16. WORK TELEPHONE NUMBER		17. E-MAIL ADDRESS				
AUTHORIZATION TO MAKE NAVY/MARINE, OR EAGLE CASH TRANSFERS ELECTRONICALLY TO AND FROM MY BANK OR CREDIT UNION ACCOUNT						
I authorize the U.S. Treasury's Financial Agent to initiate debit and credit entries to my bank or credit union account at the financial institution named below in order to fulfill any requests I may make to transfer funds between my bank or credit union account and my Navy/Marine or Eagle Cash account.						
18. DEPOSITORY NAME			19. BRANCH			
20. CITY			21. STATE	22. ZIP CODE		
23. ABA ROUTING NUMBER		24. ACCOUNT NUMBER				
25. ACCOUNT NAME <i>(Your name as it appears on your account)</i>				26. ACCOUNT TYPE <i>(C = Checking, S = Savings)</i>		
<p>This authorization will remain in effect until you notify the applicable Department of Defense Agency in writing of its cancellation.</p> <p>In consideration of the privilege of having the U.S. Treasury initiate debit and credit transactions to my bank or credit union account specified above, I hereby freely and voluntarily consent to the immediate collection from my pay by the U.S. Navy, Marine Corps or Army, without prior notice or prior opportunity to be heard, the face value or resulting negative account balance due the U.S. Treasury funds pool of any funds which were transferred to my Navy/Marine or Eagle Cash account, plus any additional fees levied by a financial institution, when such funds were not collectible from my specified bank or credit union account because a transaction is dishonored and returned for insufficient funds, closed account, inaccurate account information, or any other return reason.</p>						
27. SIGNATURE				28. DATE SIGNED <i>(YYYYMMDD)</i>		