

AUTHORIZATION FOR ALLOTMENT OF PAY

(See AR 35-5520)

When applicable to Class E allotments, send original direct to the
 Disbursing Officer, Office of Dependency Benefits,
 213 Washington Street, Newark, N. J.

(Last name) _____ (First name) _____ (Middle initial) _____ (Army serial number) _____ (Grade) _____ (Company, regiment, or arm or service)
 The *{officer } named above hereby authorizes a Class _____
 {enlisted man} _____ (Type of allotment)
 allotment of his pay in the amount of \$ _____ per month for _____ months commencing
 _____, 19____, and expiring _____, 19____

(_____) premiums deducted from pay for month of _____
 (Applicable to Class N Insurance only (sec. IV, Cir. No. 100, W. D., 1942)) _____

to _____ (Name of allottee) _____ (Number and street or rural route) _____ (City, town, or post office) _____ (State) _____

or to _____ (Name of alternate allottee) _____ (Number and street or rural route) _____ (City, town, or post office) _____ (State) _____

Date of enlistment _____, 19____ When other than "Finance Service, Army" is affected,

state allotment chargeable _____ Relationship of allottee _____ (Applicable to individual allottees only)

If allotment is in favor of a bank, the following is required to be stated: Deposit should be made to the credit of—

 (Name) _____ (Relationship)

(Statement below not applicable to Government Insurance)

I hereby state that the purpose for which this allotment is granted is solely for the support of wife, child, or dependent relatives; or if made for the payment of life insurance premiums, the insurance (including endowments and/or twenty (or other) payment policies) is on the life of the allottee only; that the insurance constitutes the major and not a merely incidental or collateral element of the transaction; and that the allotment is made in favor of the insurance company issuing the policy and not in favor of a bank or other agent.

Place _____ (Signature of allottee)

Entered on service record _____ (Date) _____, 19____ (Date)

* Strike out words not applicable.

(Signature of commanding officer or personnel officer, with grade and organization)

WHEN APPLICABLE TO CLASS D OR CLASS N INSURANCE, THE ORIGINAL COPY OF THIS FORM WILL BE SENT TO THE EXAMINATION DIVISION, BUILDING X, 19TH AND B STREETS NE, WASHINGTON, D. C. NO COPIES WILL BE SENT TO THE VETERANS ADMINISTRATION, WASHINGTON, D. C., WITH THE APPLICATION FOR INSURANCE.

W. D., A. G. O. Form No. 39
 November 4, 1942