

# COAST GUARD MUTUAL ASSISTANCE

088740

ISSUED BY COAST GUARD MUTUAL ASSISTANCE	
OPFAC NUMBER	LOCATION NAME

THIS CHECK VOID 60 DAYS AFTER DATE

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

DOLLARS



**NON-NEGOTIABLE**

1. DATE	2. PAYEE	3. OPFAC #	088740
4. NAME OF SERVICE MEMBER (LAST, FIRST, MI)		5. SSN	6. GRADE
7. STATUS		8. MEMBER'S UNIT (HOME ADDRESS FOR RETIREE, RESERVIST AND AUXILIARIST)	
9. BRANCH OF SERVICE		10. APPLICANT'S NAME AND RELATIONSHIP IF NOT SERVICE MEMBER	
_____ POWER of ATTORNEY		_____ MEMBER APPROVES	
11.	12. REASON CODE		
13. AMOUNT OF CHECK		14. DISBURSEMENT FOR	
15. REPAYMENT			
ALLOTMENT (A) OR CASH (C)		REPAYMENT START DATE	REPAYMENT END DATE
16. REMARKS: EXPLAIN WHY ASSISTANCE IS NEEDED		17. FINAL APPROVAL AUTHORITY	
		NAME _____	
		GRADE _____	
		TITLE _____	
		18. FOR DESIGNATED USE ONLY	
		A _____	
		B _____	
		19. IF MORE THAN ONE CHECK, CHECK NUMBER CONTAINING PROMISSORY NOTE	

I \_\_\_\_\_ PROMISE TO REPAY IN FULL, THE COAST GUARD MUTUAL ASSISTANCE LOAN OF \$ \_\_\_\_\_ THAT I RECEIVED ON \_\_\_\_\_. I AUTHORIZE REPAYMENT TO BE MADE BY ALLOTMENT FROM MY COAST GUARD PAY IN \_\_\_\_\_ EQUAL MONTHLY PAYMENTS OF \$ \_\_\_\_\_ OR UNTIL PAID-IN-FULL.

I understand that I am liable for the full amount of this loan even if an authorized deduction from my pay stops prior to full repayment. I agree to continue to remit regular monthly payments in the event that I separate from the Coast Guard. I further understand that if I fail to make regular payments, my account may be turned over to a collection agency. If on active duty, I authorize the balance owed to CGMA upon termination to be collected from my final Coast Guard pay through use of Final Pay Deduction. I have received a copy of this agreement.

CGMA Form 52	SIGNATURE OF RECIPIENT	SSN OF RECIPIENT	DATE	SIGNATURE OF CGMA REPRESENTATIVE
--------------	------------------------	------------------	------	----------------------------------

**ORIGINAL - RETAIN IN LOCAL CGMA FILES**