



# Coast Guard Mutual Assistance

## CG Civilian Employee Contribution Payroll Deduction Authorization

Name: Last	First	M.I.	Grade	Social Security Number XXX - XX -	Employee ID #
Home Address: Street	Apt. No.	City	State	Zip Code	-
E-Mail Address			Unit Name		

**YES! I want to help Coast Guard people in their time of need!**

Please **Start** a Bi-Weekly payroll deduction from my Federal Pay to Coast Guard Mutual Assistance in the amount of: \$ \_\_\_\_\_ per pay period effective (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please **Change** my existing Bi-Weekly contribution payroll deduction from my Federal Pay to Coast Guard Mutual Assistance from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ effective (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I hereby authorize this deduction to be taken from my Federal Pay. I understand that it will remain in effect until I request that it be changed or stopped.

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please sign and submit the completed form to CGMA Headquarters via one of the following:

- ▶ Scan the form and Email to CGMA-HQ at [HQS-DG-CGMA@uscg.mil](mailto:HQS-DG-CGMA@uscg.mil) (Preferred)
- ▶ Fax the form to: (703) 875-0344
- ▶ Mail the form to:

**Coast Guard Mutual Assistance**  
1005 N. Glebe Rd., Suite 220  
Arlington, VA 22201

**Thank you** for your tax-deductible contribution to Coast Guard Mutual Assistance!