

**Form 3**

**Bank Information to Establish Automatic Bill Payment**

Sponsor Name (Last, First MI): \_\_\_\_\_

DOD ID#: \_\_\_\_\_ Paygrade/Rank: \_\_\_\_\_

Unit: \_\_\_\_\_ Office Symbol/Place of Employment: \_\_\_\_\_

Duty Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Local Economy Address: \_\_\_\_\_

**SEPA-Lastschriftmandat (SEPA Withdrawal Mandate)**

Ich ermächtige den oben genannten Versorger, Zahlungen von meinem Konto mittels Lastschrift einzuziehen. Zugleich weise ich mein Kreditinstitut an, die von dem oben genannten Versorger auf mein Konto gezogenen Lastschriften einzulösen.

I hereby authorize the below utility supplier to withdraw payments from my bank account. At the same time, I am instruction my bank to honor the payment requests from the below named utility supplier.

\_\_\_\_\_  
Name of Utility Supplier(s)

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
BIC

DE \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

IBAN

\*\*\*\*\*DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 USC 5522)\*\*\*\*\*

AUTHORITY: 10 USC Section 3012 and Supplementary Agreement to the NATO SOFA. Article 67, Paragraph 3a(a)(i): and AE Regulation 215-6/USAFE Instruction 34-102, on individual tax relief procedures in Germany.

PRINCIPAL PURPOSE: For 52 Service Fund Managers to use for obtaining tax relief and to verify eligibility of applicant for tax relief.

ROUTINE USES: To provide information needed to process documents for tax relief purchases, for tax relief on utility bills, to verify the requester is authorized tax relief support.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT OF NOT PROVIDING INFORMATION: Disclosure of information is mandatory. Tax relief cannot be obtained without the requested information.

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date