ALLOTMENT REQUEST

RANK	LAST NAME	FIRST NAME	MI	SSN

UNIT

ALLOTMENT TRANSACTION

_____START _____STOP _____CHANGE

ALLOTMENT TYPE

_____DEPNDANT _____SAVINGS _____INSURANCE

_____OTHER:_____

ALLOTMENT DEIGNATION

NAME OF FINANCIAL INSTITUTION_____

ACCOUNT NUMBER

NUMBER_____

ALLOTMENT

AMOUNT_____

CHANGED AMOUNT

ORIGINAL AMT_____

NEW AMT_____

BLANKET CODE/ROUTING NUMBER

The number must be a four or nine digit number_____

SIGNATURE

_____ _____

MEMBERS SIGNATURE DATE

DPAC FORM 7220/1

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