

SUPPLEMENT TO DPP APPLICATION

BY ORDER OF THE INSTALLATION COMMANDER, MILITARY MEMBERS E-4 AND BELOW MUST COMPLETE THIS FORM IN CONJUNCTION WITH THEIR AAFES DPP/UCDPP APPLICATION.

PRIVACY ACT OF 1974

Disclosure of your social security number and other personal information is solicited by authority of Title 10, United States Code, Sections 3012 and 8012. Information is used to provide a basis for approving participation in the AAFES Deferred Payment Plan. Disclosure is voluntary, however, failure to provide this information may result in denial of your application.

Applicant's Name (Last, First, MI) _____

SS# _____ Unit/Organization _____

I consent to release/verification of the pertinent information

_____ Date
Applicant's Signature

TO APPLICANT'S UNIT COMMANDER/FIRST SERGEANT

The individual shown above is applying for a Deferred Payment Plan (DPP) or Uniform Clothing Deferred Payment Plan (UCDPP) account with AAFES. Military personnel in pay grades E-1 through E-4 are required to have either the unit commander or first sergeant complete and sign this coordination form. Request verification of the information entered on the attached application and reply to the following questions. Please indicate your rank when signing.

NOTE: YOUR SIGNATURE DOES NOT CONSTITUTE APPROVAL OR DISAPPROVAL OF CREDIT YOUR COORDINATION ASSISTS AAFES IN DETERMINING IF CREDIT IS PROVIDED THE APPLICANT.

1 Does the applicant have administrative/disciplinary action pending?

YES NO If so, what is the basis?

2. Are there letters of indebtedness or other indications of poor credit worthiness concerning this individual? _____ YES _____ NO

If so, please state what they are:

Signature of Unit Commander or 1SG Rank/Title Date