

JUMPS - JSS PAY ELECTIONS

For use of this form, see AR 37-104-3; the proponent agency is ASA(FM)

PRIVACY ACT STATEMENT

Authority: Title 37 USC, Section 101.
Principal Purpose: To provide the service member a means of electing the manner in which he or she desires to receive pay and allowances.
Routine Use: To establish the pay account of the MMPF.
Disclosure: Disclosure of your social security number (SSN) and other personal information is voluntary; however, without the requested information, the Finance Office cannot identify members, or take the requested action.

1. HOW DO YOU WANT TO BE PAID? (X one item.)		2. METHOD OF PAYMENT (X one item.)	
<input type="checkbox"/>	a. Once a Month	<input type="checkbox"/>	a. Sure Pay/Direct Deposit (Complete Section 4.)
<input type="checkbox"/>	b. Twice a Month	<input type="checkbox"/>	b. Check to Address (Complete 5.)
3. HELD PAY (NOTE: All amounts may be withdrawn at any time upon application to your Finance Officer.)			b. SPECIFY AMOUNT
<input type="checkbox"/>	a. If a held pay amount is also desired, check box and enter amount.	\$	

4. SURE PAY/DIRECT DEPOSIT (X one box.)			
<input type="checkbox"/>	a. SF 1199A attached. (Complete items (1) through (5)).	<input type="checkbox"/>	b. SF 1199A on file. (Use this box if you already have SURE PAY/DIRECT DEPOSIT to this financial institution) (Do not complete items (1) through (5)).
	(1) NAME OF FINANCIAL ORGANIZATION		
	(2) SAVINGS OR CHECKING ACCOUNT NO	(3) NAME OF ACCOUNT HOLDER	
	(4) STREET NO., RR NO., P.O. BOX	(5) CITY, STATE, ZIP CODE (Or Country)	

5. CHECK TO ADDRESS (Provide complete mailing address.)				
a. STREET NO., RR NO., P.O. BOX				
b. CITY	c. STATE	d. ZIP CODE	e. COUNTRY	

6. REMARKS

7. I HEREBY AUTHORIZE PAYMENT AS SPECIFIED ABOVE.				
a. TYPED OR PRINTED NAME			e. NAME AND ADDRESS OF ORGANIZATION	
b. SSN				
c. SIGNATURE		d. DATE		