

AUTHORIZATION TO ESTABLISH OR CHANGE NORM/NET PAY

DATE
30 Sept 65

1. TO: FINANCE AND ACCOUNTING OFFICER

2. FROM: (NAME, ASN AND ORGANIZATION)
Richard T. Knowles
Brrg. Gen 035 418
HQ, 1st Air Cav Div

ACTION REQUESTED

3. NORM PAY CEILING \$ _____

4. NORM PAY REQUESTED \$ _____

5. NORM PAY ELECTION (CHECK APPROPRIATE ITEMS)
A. REQUEST PAYMENT BY CHECK CASH
B. CHANGE FROM \$ _____ TO \$ _____
C. CHANGE NORM PAY CHECK ADDRESS

6. I WILL/WILL NOT BE INCLUDED ON THE UNIT LAUNDRY /DRY CLEANING ROSTER

7. NET PAY OPTION
A. ACCRUAL
B. NET PAY CHECK (CHECK ONE) C. ESTABLISH D. CHANGE NET PAY CHECK ADDRESS

8. I HEREBY AUTHORIZE PAYMENT OF MY NORM PAY CHECK NET PAY CHECK TO THE BANK (OR SAVINGS INSTITUTION) NAMED BELOW.
 I HEREBY AUTHORIZE PAYMENT OF MY NORM PAY CHECK NET PAY CHECK TO MY DEPENDENT _____ NAMED BELOW.
(RELATIONSHIP)

I HEREBY REQUEST PAYMENT OF MY NORM PAY CHECK NET PAY CHECK AT ADDRESS BELOW.

WHERE I HAVE AUTHORIZED PAYMENT OF A CHECK TO A BANK OR SAVINGS INSTITUTION, I CERTIFY THAT SATISFACTORY ARRANGEMENTS HAVE BEEN MADE FOR ACCEPTANCE OF SUCH PAYMENTS TO MY ACCOUNT.

9. **CHECK ADDRESSES**

<p>A. <u>NORM PAY CHECK ADDRESS</u></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p>B. <u>NET PAY CHECK ADDRESS</u></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>
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10. EFFECTIVE DATE REQUESTED (MONTH & YEAR)

11. MEMBER'S SIGNATURE

ACTION BY FINANCE AND ACCOUNTING OFFICER

12. TO:

13. FROM FINANCE AND ACCOUNTING OFFICER

14. THE ABOVE REQUEST IS APPROVED APPROVED AS MODIFIED BELOW

15. REMARKS:

BRIEF STAMP

PREPARATION OF FCUSA FORMS 2093
(AUTHORIZATION TO ESTABLISH OR CHANGE NORM/NET PAY)

1. PREPARE IN DUPLICATE. THE MEMBER WILL SIGN THE ORIGINAL COPY. DATA WILL BE ENTERED BY TYPING OR PRINTING.

2. FOR MASS CONVERSION OF AN ORGANIZATION TO THE CAP SYSTEM.

A. COMPLETED BY UNIT.

(1) ENTER THE DATE THE FORM IS PREPARED.

(2) ITEM 1 - ENTER THE ORGANIZATION AND LOCATION OF THE FINANCE OFFICE.

(3) ITEM 2 - ENTER NAME OF MEMBER (LAST, FIRST, MIDDLE INITIAL), SERVICE NUMBER AND ORGANIZATION.

(4) ITEM 3 - WILL BE COMPLETED TO SHOW THE NORM PAY CEILING AMOUNT.

B. COMPLETED BY MEMBER.

(1) ITEM 4 - ENTER THE AMOUNT OF NORM PAY DESIRED ON PAY DAY. THIS AMOUNT WILL BE ENTERED IN WHOLE DOLLARS. THE AMOUNT SELECTED CANNOT EXCEED THE AMOUNT SHOWN IN ITEM 3. IF A PAYMENT IS NOT DESIRED ON PAY DAY (ZERO NORM), ENTER ZEROS (00).

(2) ITEM 5 - CHECK APPROPRIATE BLOCK IN 5A. IF NORM PAY IS TO BE RECEIVED BY CHECK COMPLETE ITEMS 8 AND 9A.

(3) ITEM 6 - INDICATE USE OR NON-USE OF GOVT LDRY/DRY CLEANING. (IF USED NORM PAY MUST BE AT LEAST \$5.00 LESS THAN ITEM 3.

(4) ITEM 7 - INDICATE OPTION DESIRED FOR BALANCE OF PAY. IF BALANCE IS TO ACCRUE MARK 7A. IF BALANCE IS TO BE PAID BY NET PAY CHECK MARK 7B AND 7C AND COMPLETE ITEMS 8 AND 9B.

(5) ITEM 8 - INDICATE DISPOSITION OF CHECK(S).

(6) ITEM 9A/9B - ENTER ADDRESS - (CANNOT EXCEED 4 LINES OF 25 SPACES EACH). LINE 1 - ENTER NAME (MEMBER, DEPENDENT OR BANK) TO WHICH CHECK IS TO BE ISSUED. DO NOT ENTER RANK. LINE 2, 3 AND 4 ENTER STREET ADDRESS, CITY, STATE, ZIP CODE. IF CHECK IS ISSUED TO BANK INCLUDE A "CREDIT" NOTATION, I.E., CR JOHN E MAY OR CR ACCT # 2687.

(7) ITEM 10 - INDICATE EFFECTIVE MONTH AND YEAR.

(8) ITEM 11 - ENTER SIGNATURE.

3. FOR CHANGE TO NORM OR NET PAY (MEMBER INITIATED).

A. ENTER DATE AND COMPLETE ITEMS 1 AND 2.

B. FOR CHANGE TO NORM PAY COMPLETE ITEM 5. IF CHANGING TO CHECK PAYMENT COMPLETE ITEMS 8 AND 9A.

C. FOR CHANGE TO ACCRUAL OR NET PAY - COMPLETE ITEM 7. IF CHECK DESIRED, COMPLETE ITEMS 8 AND 9B.

D. COMPLETE ITEM 10.

E. ENTER SIGNATURE ITEM 11.