

SUBSTITUTE

# AUTHORIZATION FOR ALLOTMENT OF PAY

Gallup

Clifton L.

(See AR 35-5520)

39510920 Rec 4 30th Machine Records Unit(M)

(Last name) (First name) (Middle initial) (Army serial number) (Grade) (Company, regiment, or arm or service)

The \*~~officer~~ {enlisted man} named above hereby authorizes a Class \_\_\_\_\_

allotment of his pay in the amount of \$ 50.00 per month for Indefinite months commencing 1 November 1944, and expiring \_\_\_\_\_, 19\_\_\_\_

(\_\_\_\_\_) premiums deducted from pay for month of \_\_\_\_\_, 19\_\_\_\_

to \_\_\_\_\_ (Applicable to Class N insurance only (sec. IV, Cir. No. 100, W. D., 1942))

or to \_\_\_\_\_ (Name of alternate allottee) \_\_\_\_\_ (Number and street or rural route) \_\_\_\_\_ (City, town, or post office) \_\_\_\_\_ (State)

Date of enlistment \_\_\_\_\_, 19\_\_\_\_ When other than "Finance Service, Army" is affected, wife

state allotment chargeable \_\_\_\_\_ Relationship of allottee \_\_\_\_\_ (Applicable to individual allottees only)

If allotment is in favor of a bank, the following is required to be stated: Deposit should be made to the credit of—

\_\_\_\_\_  
(Name) (Relationship)

### (Statement below not applicable to Government insurance)

I hereby state that the purpose for which this allotment is granted is solely for the support of wife, child, or dependent relatives; or if made for the payment of life insurance premiums, the insurance (including endowments and/or twenty (or other) payment policies) is on the life of the allotter only; that the insurance constitutes the major and not a merely incidental or collateral element of the transaction; and that the allotment is made in favor of the insurance company issuing the policy and not in favor of a bank or other agent.

Place \_\_\_\_\_ Clifton L. Gallup (Signature of allotter) 44

Entered on service record \_\_\_\_\_ (Date) 2 October 1944 \_\_\_\_\_ (Date) 19\_\_\_\_

\* Strike out words not applicable.

H. T. TURNER, 1st Lt., AGO, Personnel Officer

(Signature of commanding officer or personnel officer, with grade and organization)

**WHEN APPLICABLE TO CLASS D OR CLASS N INSURANCE, THE ORIGINAL COPY OF THIS FORM WILL BE SENT TO THE EXAMINATION DIVISION, BUILDING X, 19TH AND B STREETS NE., WASHINGTON, D. C. NO COPIES WILL BE SENT TO THE VETERANS ADMINISTRATION, WASHINGTON, D. C., WITH THE APPLICATION FOR INSURANCE.**

W. D., A. G. O. Form No. 29  
November 4, 1942

16-9421-2 U. S. GOVERNMENT PRINTING OFFICE

When applicable to Class E allotments, send original direct to the Disbursing Officer, Office of Dependency Benefits, 213 Washington Street, Newark, N. J.