



Coast Guard Mutual Assistance

CG Civilian Employee Contribution Payroll Deduction Authorization

| | | | | | |
|----------------------|-----------|------|-------|--------------------------------------|---------------|
| Name: Last | First | M.I. | Grade | Social Security Number XXX - XX - | Employee ID # |
| Home Address: Street | Apt. No. | City | State | Zip Code | - |
| E-Mail Address | Unit Name | | | | |

YES! I want to help Coast Guard people in their time of need!

Please **Start** a Bi-Weekly payroll deduction from my Federal Pay to Coast Guard Mutual Assistance in the amount of: \$ _____ per pay period effective (MM/DD/YY) ____ / ____ / ____

Please **Change** my existing Bi-Weekly contribution payroll deduction from my Federal Pay to Coast Guard Mutual Assistance from \$ _____ to \$ _____ effective (MM/DD/YY) ____ / ____ / ____

I hereby authorize this deduction to be taken from my Federal Pay. I understand that it will remain in effect until I request that it be changed or stopped.

Signature (Required): _____ Date: ____ / ____ / ____

Please sign and submit the completed form to CGMA Headquarters via one of the following:

- ▶ Scan the form and Email to CGMA-HQ at ARL-DG-CGMA@uscg.mil (Preferred)
- ▶ Fax the form to: (703) 875-0344
- ▶ Mail the form to:

Coast Guard Mutual Assistance
1005 N. Glebe Rd., Suite 220
Arlington, VA 22201

Thank you for your tax-deductible contribution to Coast Guard Mutual Assistance!