

# AUTHORIZATION FOR ALLOTMENT OF PAY

(See AR 35-5320)

**KAY, Lawrence L. 0650536 2nd Lt. AG 724th Eng Co (attd)**

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

The <sup>(officer)</sup> ~~(soldier)~~ named above hereby authorizes a Class \_\_\_\_\_

allotment of his pay in the amount of \$ 170.00 per month for Indefinite months commencing

1 October 1943 and expiring Indefinite 19\_\_\_\_

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

to Mrs. Richard P. Kay <sup>Present to 2nd AG Insurance Co., New York City, New York</sup>

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

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

Date of allotment 20 August 1943 When other than "Finance Service, Army" is affected,

state allotment chargeable \_\_\_\_\_ Relationship of allottee Life

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 relative; or if made for the payment of life insurance premiums, the insurance (including endowment and/or twenty (or other) payment policies) is on the life of the allottee only; and that the insurance constitutes the major and not a purely 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 ONE Seymour Johnson Rd., N. C. Lawrence L. Kay  
(Signature of allottee)

Entered on service record \_\_\_\_\_ (Date) \_\_\_\_\_ (Date)

\*Strike out words not applicable.

(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 A, 17TH AND B STREETS NE, WASHINGTON, D. C. NO COPIES WILL BE SENT TO THE PATERNS ADMINISTRATION, WASHINGTON, D. C., WITH THE APPLICATION FOR INSURANCE.**

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