

CUI (when filled in)

MILITARY SERVICE DEPOSIT PAYROLL DEDUCTION AUTHORIZATION

AUTHORITY: Title 5 U.S. Code, § 8334(j); Title 5 U.S. Code, § 8422(e); Title 5 Code of Federal Regulations, 831.2104; Title 5 Code of Federal Regulations 842.307.

PURPOSE: The information will be used to authorize a reoccurring payroll deduction (biweekly payment) from civilian pay for payment toward the Military Service Deposit amount as computed by Defense Finance and Accounting Service (DFAS) or the veteran's agency's personnel or Human Resources Office.

AWARENESS: The deposit must be paid prior to retiring from Federal Civil Service. Any payments authorized and made toward Military Service Deposit are non-refundable. If you have questions or would like to learn more about the Military Service Buy Back process, visit <https://www.dfas.mil/CivilianEmployees/militaryservice/militaryservicedeposits/>.

DISCLOSURE: Voluntary; however, failure to provide requested information will result in delays in initiating payroll deduction.

SECTION 1: EMPLOYEE INFORMATION

NAME (Last, First, Middle Initial):	SOCIAL SECURITY NUMBER (SSN):
TELEPHONE (Include DSN or Area Code):	E-MAIL ADDRESS:
MAILING ADDRESS (Street, Apartment Number, City, State, ZIP):	

SECTION 2: PAYROLL DEDUCTION ELECTION

Enter the Interest Accrual Dates (IAD) you wish to buy-back via payroll deduction. If you have multiple IAD, enter them in the order you wish to buy them back and include your elected biweekly deduction amount for each IAD. There is a minimum deduction of \$25 per pay period required for each identified account. Each IAD is treated as a separate account. By entering an amount in the Biweekly Deduction Amount field, you authorize DFAS to disburse the amount accordingly.

ACCOUNT	INTEREST ACCRUAL DATES (IAD)	BIWEEKLY DEDUCTION AMOUNT:
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
TOTAL ELECTED BIWEEKLY DEDUCTION AMOUNT:		

SECTION 3: SIGNATURE

I hereby authorize Defense Finance and Accounting Service (DFAS) to deduct the designated amount per pay period from my paycheck on a reoccurring basis. It is my understanding that this authorization will remain in effect until I revoke that authorization in writing, or the Military Service Deposit amount is paid in full.

EMPLOYEE SIGNATURE:	DATE (MM/DD/YYYY):
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