

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

# AUTHORIZATION FOR ALLOTMENT OF PAY

(See AR 35-5520)

Lewis William D 0665925 2d Lt. Air Corps  
(Last name) (First name) (Middle initial) (Army serial number) (Grade) (Company, regiment, or arm or service)  
The ~~officer~~ <sup>soldier</sup> named above hereby authorizes a Class E (Type of allotment)

allotment of his pay in the amount of \$ 125.00 per month for DOW months commencing 17 October, 1942, and expiring EOV plus 6 mos, 1942

(                    ) premiums deducted from pay for month of October, 1942

to NATIONAL BANK OF FORT SAM HOUSTON, SAN ANTONIO, TEXAS (Applicable to Class N insurance only, (sec. IV, Cir. No. 100, W. D., 1942))  
(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 ~~entry~~ Commission 17 October, 1942 When other than "Finance Service, Army" is affected, state allotment chargeable                      Relationship of allottee                     

If allotment is in favor of a bank, the following is required to be stated: Deposit should be made to the credit of— (Applicable to individual allottees only)

Lewis, William D. (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                      life, 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.                      a true copy to the best of my knowledge

Place Hondo AAF, Hondo, Texas William D. Lewis (Signature of allotter)

Entered on service record                      (Date) 17 October, 1942 (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 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.

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

# AUTHORIZATION FOR ALLOTMENT OF PAY

(See AR 35-5520)

Lewis, William D 0-665925 2nd Lt. Air Corps  
(Last name) (First name) (Middle initial) (Army serial number) (Grade) (Company, regiment, or arm or service)

The <sup>officer</sup> ~~substantive~~ named above hereby authorizes a Class N (Type of allotment)

allotment of his pay in the amount of \$ 6.50 per month for DOW months commencing 17 October, 19 42 and expiring EOW plus 6 mos, 19 42

( 2 ) premiums deducted from pay for month of October, 19 42

to VETERANS ADMINISTRATION, WASHINGTON, D. C. (Applicable to Class N insurance only (sec. IV, Cir. No. 100, W. D., 1942))  
(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 ~~expiration~~ 17 October, 19 42. When other than "Finance Service, Army" is affected, 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 allottee 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. A true copy to the best of my knowledge

Place Hondo AAF, Hondo, Texas *William D. Lewis*  
(Signature of allottee)

Entered on service record 17 October, 19 42  
(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 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.