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

THORIZATION FOR ALLOTA VT OF PAY

(See AR 35-5520)

Lewis	William	D		2d Lt.		
(Last name) The *{ officer }	(First name) named above hereby	(Middle initial) authorizes a Cla	(Army serial number)	(Grade) (C	ompany, regimen	t, or arm or service)
lotment of his pay in th	a amount of * 1	25.00	ner month for	(Type of a DOV	llotment)	aths sammasina
17 October						
) premiums	deducted from pay	for month of		October	Contraction of	19 42
NATIONAL BAN	K OF FORT S	AM HOUSTON	Plicable to Class History	O TEXAS. Ci	r. No. 100, W. I	0., 1942))
(Name of al	lottee)	(Number and s	treet or rural route)	(City, town, or post	office)	(State)
to(Name of altern	nate allottee)	(Namber and st	reet or rural route)	(City, town, or post	office)	(State)
ate of motorowsky. Co	mmission 17	October	19 42 WI	en other than "Fir	ance Service.	Army" is affected.
ate allotment chargeable	***************************************		Relatio	nship of allottee _	(Acodinable to led)	ranal allottees only)
allotment is in favor of	a bank, the following	ng is required to	be stated: Deposit sh	ould be made to th	e credit of-	THURST REPORTED SECURITY
Lewis, Willi						
A STREET OF STREET STREET, STREET STREET, STREET	(Name)		/	(Relatio	enship)	
			licable to Governn			
I hereby state that the pr yment of life insurance pre- at the insurance constitutes e insurance company issuin,	irpose for which this a miums, the insurance (i the major and not a g the policy and not in	lotment is granted including endowmer merely incidental of favor of a bank or	is solely for the support of and/or twenty (or other or collateral element of the other agent. A true	of life, child, or deport) payment policies to transaction; and the Copy to the	endent relatives; is on the life of the allotment e pest o	or if made for the of the allotter only; is made in favor of I my knowled
ace Hende AAF.	Honde, Tex	as	will	an O	Zewe	2
Entered on service record				(Circumstances	of allotter) DDC1	,, 42
	(Date)	***************************************	(Date)		A9
* Strike out words not appl		100				
			(Signature of commanding			
MEN APPLICABLE TO (AMINATION DIVISIO) THE VETERA	LASS D OR CLASS	N INSURANCE	, THE ORIGINAL CO	PI OF THIS FOR	CHE WILL ME	OBOTA AND ANAM

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

allotments, send original direct to the Office of Dependency Benefits, Washington When applicable to Class E Officer, Disbursing

Newark, N.

Street,

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	INONZ	WITOH L	OK VITO	I VI OF PAI	
		(See	AR 35-5520)	THE STATE OF	
Lewis,	William	D	0-66592	5 2nd Lt. A:	ir Corps
(Last name) The *{ officer }	(First name) named above hereby	(Middle initial) authorizes a Cla	(Army serial numbe	r) (Grade) (Company, regim (Type of allotment)	ent, or arm or service)
(emziesomod	587	6 00	1762	(Type of allotment)	750
llotment of his pay in the	amount of \$	0.50	per month fo	rDOWr	nonths commencing
17 October		19.42	and expiring	EOW plus 6 mes	19
2) premiums	deducted from pay	for month of	October	urance only (sec. IV, Cir. No. 100, W.	19 42
VETERAN	S ADMINISTR	ATION. WAS	HINGTON D	urance only (sec. IV, Cir. No. 100, W.	D., 1942))
(Name of all	ottee)	(Number and st	rect or rural route)	(City, town, or post office)	(State)
or to				(City, town, or post office)	
Date of Kolumbiank	October		, 1942.	When other than "Finance Service	, Army is affected,
tate allotment chargeable			Rela	tionship of allottee	
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r allotment is in favor or	a bank, the follows	ng 13 required to	be stated: Deposit	should be made to the credit or-	
	(Name)			(Relationship)	ATTENDED A TOP OF COMME
	100 TO 10	below not app	licable to Govern	nment insurance)	
I hereby state that the pu-	spose for which this al	lotment is granted :	is solely for the suppo	at of rife, child, or dependent relative	s; or if made for the
sayment of life insurance prem that the insurance constitutes	niums, the insurance (i	ncluding endowmen merely incidental o	ts and/or twenty (or collateral element of	nt of rife, child, or dependent relative other) payment policies) is on the life f the transaction; and that the allowed te copy to the best	e of the allotter only; t is made in favor of _
				ie copy to the best	of my knowl
Place Hende AAF,	Hende, Texas		- Wu	Genn V. Zeur	2
				(Signature of allotter)	

* Strike out words not applicable.

Entered on service record

(Date)

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

17 October

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, 1912