



U.S. Department of the Treasury
FINANCIAL MANAGEMENT SERVICE

Authorization for Release of Information

1. I, _____ (the “Cardholder”), authorize the U.S. Department of the Treasury’s Financial Management Service (FMS), the U.S. Department of the Defense and their subordinate departments or agencies, and their employees, agents, and contractors (the “Disclosing Parties”) to disclose any and all information related to my EagleCash, Navy Cash, Marine Cash, or EZpay stored value card accounts to the following entity(ies) or individual(s):

2. Information related to my stored value card accounts includes, but is not limited to my name, address(es), and other contact information; my social security number, date of birth and other demographic information about me; information about the bank account used by me to transfer funds to and from my Navy Cash card accounts, for example, routing and account number; my stored value card and account number; and my balance and transaction history, including the amount, date, tracking numbers, merchants, payees, and other information associated with particular transactions.
3. The Disclosing Parties are not required to inform me of disclosures made under this authorization.
4. This authorization will be valid for 1 year from the date of signing, unless sooner revoked by me in writing and the revocation is received and processed by FMS at: *NavyCash@fms.treas.gov*
5. A photocopy or facsimile copy of this signed authorization has the same force and effect as an original.

The Cardholder named in paragraph 1 must sign below. If signed by an executor, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form. **A separate Authorization for Release of Information must be provided for each Cardholder.**

Signature of Cardholder Authorizing Disclosure

Date

Print Name of Cardholder Authorizing Disclosure