

DUPLICATE

FISCAL

Chgo A-8 cans 7.50 ✓

WAR SAVINGS BOND—CHANGES IN OR CANCELATION OF CLASS A PAY RESERVATION—
CIVILIAN EMPLOYEES IN UNITED STATES, ALASKA, HAWAII, PANAMA, AND PUERTO RICO

1. Place ARMY SERVICE FORCES CHGO ORD. DIST. CHGO, ILL. Date, 26 OCT., 1944

2. I, Mrs. Mr. Miss } (Station, post, or camp) SHEEHAN (City) GRACE (State) G. (Initial)
(Grade) (Last name) (First name)

3. of _____ hereby request that the Class A Pay Reservation for the purchase of War Savings Bonds, Series E, authorized by me in the amount of \$ 7.50 per month, semimonth, week be revoked. I further request that the pay reservation deducted on the 16-31-OCT., 1944 pay day be the FINAL reservation under my authorization, that my account be closed out, and that the proceeds therefrom be sent in my name to the address given on my original authorization form; OR to

OR 340 N. SPRING AVE. LA GRANGE, ILL.
(Number and street) (City) (State)

4. I, the individual named above, hereby request that the following changes be made in the amounts, names or addresses of owners, co-owners, beneficiaries, etc., of the War Savings Bonds I am purchasing. In the event of a requested change in the amount of deduction each pay day or in the maturity value of such Bonds, I hereby authorize any balance in my account not already used for the purchase of Bonds under my prior authorization to be applied to my credit under this authorization. I understand that this request can be made effective only so far as it applies to Bonds not already issued.

State hereon change requested: _____

Cancelled
MA

7. Entered on INDIVIDUAL EARNINGS RECORD _____
(Initials only)

5. Grace J. Sheehan
(Signature of subscriber)
6. DAN E. ANDREW 1ST LT. ORD. DEPT.
(Signature of personnel or other responsible officer with grade and organization)

8. It is requested that the War Savings Bond account of the individual named above be closed out for the reasons stated below and that the unapplied balance in the subscriber's account be sent to him at the address given on the original authorization, OR, if such address has been changed, to him at (see instruction No. 8 on reverse):

State reason: _____
(Number and street) (City) (State)

Dan E Andrew

9. Entered on INDIVIDUAL EARNINGS RECORD _____
(Initials only)

10. _____
(Signature of personnel or other responsible officer with grade and organization)

INSTRUCTIONS AND CONDITIONS

Numbers used refer to items on face of form

1. Enter place and date form is executed.
2. State proper grade and name of subscriber. Every individual whose name appears on form must be further identified by one of the following titles: Mrs., Mr., Miss. If there are TWO given names the initial of ONE may be used. Married women must use their own given names, that is, Mrs. Mary A, NOT Mrs. John R.
3. State arm or service of subscriber. State the amount of deduction, pay period, and date of pay roll on which last deduction is to be made.
If address to which refund is to be mailed is different from that shown on authorization (W. D., A. G. O. Form 29-5) give new address.
4. Enter request for CHANGES in original authorization (W. D., A. G. O. Form 29-5) in space provided.
5. Subscriber must sign both copies in ink or indelible pencil.
6. Personnel or other responsible officer must sign both copies of forms.
7. Enter initials of person making required entries on pertinent records.
8. Use this section ONLY when subscriber is unable to sign request for cancellation of Pay Reservation Account.
If address to which refund is to be mailed is different from that shown on authorization (W. D., A. G. O. Form 29-5) give new address. State reason for cancellation.
9. Enter initials of person making required entries on pertinent records. Initial ONLY when section 8 is executed.
10. Personnel or other responsible officer must sign both copies of this form when request for cancellation is made by a person other than subscriber. Sign ONLY when section 8 is executed.



