

Coast Guard Mutual Assistance

Promissory Note

Payment Information		
Recipient:	Status: Completed	Amount: \$
Recipient email:		Check #
Case Information		
Member:	Client ID:	Case ID:
Program:	Case Amount: \$	
Repayment Information		
New Loan: \$	Existing Balance: \$	Total Loan: \$
Repayment by: Allotment Cash Bill	Frequency: Monthly	Payment Amount: \$
Number of Payments:	Allotment Start Date:	Allotment Stop Date:
Promissory Note		
I,, promise to reparamount of \$ And I authorize repayment to be made by mequal Monthly amounts of \$ I understand that I am liable for the full to full repayment. I agree to continue to full repayment and my civilian employnth I further understand that if I fail to make certify that I have read and understand information.	ilitary allotment/civilian payroll deduction—until paid-in-full. And amount of this loan even if an authoristo remit regular monthly payments in the ment with the U.S. Coast Guard. And exergular payments, my account may be	on from my U.S. Coast Guard pay in zed deduction from my pay stops prior the event that I separate from the U.S.
Recipient's Signature:		Date
CGMA Rep: Scan and upload signed form to case fi	ile. Give original to client.	