



U.S. DEPARTMENT OF THE TREASURY
BUREAU OF THE FISCAL SERVICE

**AUTHORIZATION TO DISCLOSE INFORMATION
RELATED TO STORED VALUE ACCOUNT**

1. I, _____ (the "Cardholder"), authorize the U.S. Department of the Treasury, Bureau of the Fiscal Service (Fiscal Service) and the U.S. Department of the Defense ("DoD") and Fiscal Service and DoD's subordinate departments or agencies, along with 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 account(s) ("SVC Account") to the following:

Military and civilian law enforcement agencies and prosecutors

Other _____

2. Information related to my SVC Account includes, but is not limited to, my Stored Value Card number and associated account number; my name, addresses, and other contact information; my social security number, date of birth and other demographic information about me; information about bank account(s), including routing and account numbers, which I have linked to my SVC Account or from which I have transferred funds to or from my SVC Account; my balance and transaction history, including the amount, date, time, tracking numbers, location, merchants, payees; web site usage and other information associated with my SVC Account.
3. The Disclosing Parties are not required to give me notice of disclosures made under this authorization.
4. This authorization is valid for one year from the date below, unless I revoke this authorization sooner by sending written notice by electronic mail to SVC@fms.treas.gov. Revocation will be effective as of the date the notice is received and processed by Fiscal Service.
5. A photocopy, facsimile or electronic copy of this signed authorization shall have the same force and effect as the original.

I certify I am the Cardholder or am legally authorized to sign on behalf of the Cardholder.

Signature of Cardholder or Legal Representative

Date

Print Name of Cardholder or Legal Representative