

## U.S. DEPARTMENT OF THE TREASURY FINANCIAL MANAGEMENT SERVICE

## AUTHORIZATION TO DISCLOSE INFORMATION RELATED TO STORED VALUE ACCOUNT

1.	I,
	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 FMS.
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.	
Sig	gnature of Cardholder or Legal Representative Date
Print Name of Cardholder or Legal Representative	

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