

Instructions for DD Form 2558 FastForm

When to use this form:

This form should **only** be used when you need to **start or stop** an Electronic Funds Transfer (EFT) allotment to an individual's checking or savings account.

You **cannot** use this FastForm to change the amount of an EFT allotment. Additionally, you **cannot** start, stop or change insurance, charity, loan, home loan, or treasury (debt) allotments using this form.

To change the amount of an EFT allotment, use *myPay* or [fax or mail](#) a paper DD Form 2558. To start, stop or change an insurance, charity, loan, home loan, or treasury allotment, [fax or mail](#) a paper DD Form 2558.

This is an automated form, so your account will be updated three to seven business days after your request has been submitted.

Navigation & Function Keys

You can use your computer mouse or the following keys when completing the form:

TAB - moves to the next field

Shift + TAB - moves to the previous field.

“Reset Page” button – clears all information previously entered in to the form

“Finished” button - sends the form to DFAS for processing.

Accessing the Form

You may be taken to a screen warning that the site's security certificate is not trusted after you click on the link to the Fast Form. This is because you are using a computer that is not on the DFAS network. Click "proceed anyway" to access the form.

User Validation

In order to update your account, we first need you to answer some questions to verify your identity. Please read and follow the below instructions carefully.

Field	Instruction	Tip
Last Name	Required- Retiree's last name	
First Name	Required- Retiree's first name	
Middle Int.	Optional- Retiree's middle initial	
E-mail Address	Required- Retiree's email address	If you do not have an email address, check the box marked "I do not have an Email Address."

		If you do not provide an email address, we will not send you confirmation that we have received your request.
Phone Number	Optional- Retiree's phone number	Phone number, if entered, must be 10 digits.
SSN	Required- Retiree's Social Security Number	Social Security Number must be numeric characters only.
Verification questions	Required- Please answer all five verification questions	Dates must be entered in MM/DD/YYYY format. Zip code must be five numeric digits.

To clear the form and start over, click the "Reset Page" button. After completing the validation section, click the "Begin Form" button and you will be taken to the DD Form 2558.

Instructions by Section – DD Form 2558

We will use the information you provide on this form to start or stop your EFT allotment. Please review the information you provide and make sure that it has been entered correctly before submitting the form.

Section	Instruction	Tip
Branch of Service	Required- Retiree's branch of service	Prefilled from the User Validation form
Name of Retiree	Required- Retiree's full name	Prefilled from the User Validation form
SSN	Required- Retiree's Social Security Number	Prefilled from the User Validation form
Pay Grade	Required- Retiree's Pay Grade	Prefilled from the User Validation form
Address of Retiree	Optional-Retiree's mailing address	
Contact Information	Required- Retiree's telephone number and email address	Prefilled from the User Validation form
Eff. Date	Required- Date after which you would like the allotment start/stop to be effective	Date must be numeric. Enter single digit month then four digit year.
Monthly Amount of Allotment	Required- Monthly amount of allotment	Cannot exceed \$9,999.99
Payment Recipient	Required- Name of allotment recipient	
Allotment Action	Required- Choose start or stop.	Click on the box next to the option to mark an "x."
Term in Months	N/A	Not used for retired pay
Payment Address	Required- Allotment must be sent electronically to a checking or	Prefilled with "Electronically"

	savings account	
Allotment Class Authorized	Required- Allotment must be set up as a discretionary allotment	Prefilled with Allotment type D. No other block can be used.
Routing Transit Number	Required- Routing number for account of the allotment recipient	Must contain 9 digits
Account Number	Required- Account number for account of the allotment recipient	Can be a combination of letters and numbers
Type of Account	Required- Choose checking or savings.	Click on the box next to the option to mark an “x.”
Remarks	Optional- Enter any additional comments.	
Signature of Allotter	Do not complete.	This FastForm does not require a signature.
Date	Required- Today’s date	Prefilled with today’s date

Submission

After filling out the form, click the “Finished” button at the bottom of the page. You will be given the option to print or save a copy for your records. Then, click “Submit for Processing” to send the form to DFAS for processing.

If you provided an email address, you will receive confirmation that we received your submission.

Your change will be posted to your account in three to seven business days.