

ARMY EMERGENCY RELIEF - DISRUPTION IN PAY

Please use separate form for each UIC or Unit: 1. Complete Soldier information (yellow column is completed by the AERO) 2. CDR or 1SG validate and sign
3. Submit to local AER office.

	Full Name (Line A) BANK NAME (Line B) ROUTING #, Checking(CK) or Savings(SAV) (Line C) ACCOUNT # (Line D)	IDENTIFIERS	BASD	ETS	# DEPNs	CONTACT INFORMATION	Entered App? Y/N
1 A		SSN				EMAIL	
	B		DOD ID			PHONE	
C	CK <input type="checkbox"/> SAV <input type="checkbox"/>	RANK				ADDRESS	
	D		DOB				
2 A		SSN				EMAIL	
	B		DOD ID			PHONE	
C	CK <input type="checkbox"/> SAV <input type="checkbox"/>	RANK				ADDRESS	
	D		DOB				
3 A		SSN				EMAIL	
	B		DOD ID			PHONE	
C	CK <input type="checkbox"/> SAV <input type="checkbox"/>	RANK				ADDRESS	
	D		DOB				
4 A		SSN				EMAIL	
	B		DOD ID			PHONE	
C	CK <input type="checkbox"/> SAV <input type="checkbox"/>	RANK				ADDRESS	
	D		DOB				
5 A		SSN				EMAIL	
	B		DOD ID			PHONE	
C	CK <input type="checkbox"/> SAV <input type="checkbox"/>	RANK				ADDRESS	
	D		DOB				

My signature certifies 1. That the Soldiers listed above (and continued on the reverse) are NOT pending elimination. 2. The Soldiers have been briefed that AER funds are intended for food/fuel only and not expected to pay all bills. 3. Soldiers have been briefed that repayment will be lump sum once the disruption in pay is resolved

DATE	UNIT OR UIC	COMMANDER/1SG PRINTED NAME	MILITARY EMAIL ADDRESS	SIGNATURE

ARMY EMERGENCY RELIEF - DISRUPTION IN PAY

	Full Name (Line A) Bank Name (Line B) ROUTING #, Checking(CK) or Savings(SAV) (Line C) ACCOUNT # (Line D)	IDENTIFIERS	BASD	ETS	# DEPNS	CONTACT INFORMATION	Entered App? Y/N
6 A		SSN				EMAIL	
	B		DOD ID			PHONE	
C	CK <input type="checkbox"/> SAV <input type="checkbox"/>	RANK				ADDRESS	
	D		DOB				
7 A		SSN				EMAIL	
	B		DOD ID			PHONE	
C	CK <input type="checkbox"/> SAV <input type="checkbox"/>	RANK				ADDRESS	
	D		DOB				
8 A		SSN				EMAIL	
	B		DOD ID			PHONE	
C	CK <input type="checkbox"/> SAV <input type="checkbox"/>	RANK				ADDRESS	
	D		DOB				
9 A		SSN				EMAIL	
	B		DOD ID			PHONE	
C	CK <input type="checkbox"/> SAV <input type="checkbox"/>	RANK				ADDRESS	
	D		DOB				
10A		SSN				EMAIL	
	B		DOD ID			PHONE	
C	CK <input type="checkbox"/> SAV <input type="checkbox"/>	RANK				ADDRESS	
	D		DOB				

My signature certifies 1. That the Soldiers listed above (and continued on the reverse) are NOT pending elimination. 2. The Soldiers have been briefed that AER funds are intended for food/fuel only and not expected to pay all bills. 3. Soldiers have been briefed that repayment will be lump sum once the disruption in pay is resolved

DATE	UNIT OR UIC	COMMANDER/1SG PRINTED NAME	MILITARY EMAIL ADDRESS	SIGNATURE