

FOR ALL INSTALLATION CHECK CASHING FACILITIES

SUBJECT: Disclaimer of Responsibility

1. Effective this ____ day of _____, 20__, I _____, disclaim responsibility for any check issued by the person(s) listed below:

NAME	SSN	ADDRESS	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. I have advised the individual(s) named above that I have disclaimed responsibility for the check(s) presented to military check cashing facilities by the above-named person(s). I have also advised the above-named person(s) that their check cashing privileges in these facilities may no longer be authorized.

3. Reason for Disclaiming –

Signature _____
SSN _____
Address _____
Unit _____

Sworn to before me this
__ day of _____, 20__.

_____(L.S.)
Notary for South Carolina
My Commission Expires: _____