

UNITED STATES ARMY GARRISON RHEINLAND-PFALZ
BAUMHOLDER MILITARY COMMUNITY
UNIT 23746 Box 7949
APO AE 09034

IMRP-MWN (215-6)

July 2020

MEMORANDUM OF AGREEMENT WITH USAG RHEINLAND-PFALZ Tax Relief Office

SUBJECT: Request for Utility-Tax Relief Support per Army Europe Regulation (AER) 215-6

1. I request the Community Morale, Welfare, and Recreation Fund (CMWRF) enroll me in the Utility-Tax Avoidance Program (UTAP) in agreement with the following conditions:
 - a. I agree to pay a fee of \$99 to the CMWRF to cover administrative costs for enrolling in the UTAP.
 - b. I understand that the CMWRF will arrange with the servicing utility company to bill me without taxes.
 - c. I understand that the CMWRF *or* USAFE Services Fund is acting as my agent and is not responsible for paying my bills. I further understand that I am responsible for such bills and agree to make timely payments to the utility company in accordance with its invoicing policy and FMWR SOP.
 - d. I understand that I will be held liable for payment of penalty charges or administrative costs to the utility company caused by late payments. In the event of my indebtedness, I voluntarily consent to collection from my basic pay and entitlements any amount owed to the utility company or the CMWRF *or* USAFE Services Fund for enrolling in this program.
 - e. I certify that I am not currently indebted to any utility company or any other agency providing the services for which I seek tax relief. I also certify the tax-free delivery of services is for my own or my Family's use and that such delivery will not benefit any other individual or business. Tax relief on utilities is subject to inspection by U.S. and German tax and customs officials.
 - f. I understand that it is my responsibility to notify the CMWRF *or* USAFE Services Fund (in other words, the tax-relief office) at least 4 weeks before vacating my privately rented quarters.

2. Data required by the Privacy Act of 1974 (5 USC 5522):

- a. Authority:** 10 USC 3012; Supplementary Agreement to the NATO SOFA, Article 67, paragraph 3a(a)(I); and AE Regulation 215-6/USAFE Instruction 34-102.
- b. Principal Purposes:** For the fund manager to verify eligibility of the applicant, obtain requested tax relief, and to provide utility company with necessary information about a new customer.
- c. Routine Uses:** To provide information needed to process documents for tax relief on utility bills.
- d. Mandatory or Voluntary Disclosure and Effect of Not Providing Information:** Disclosure of information is voluntary. Tax relief, however, cannot be provided without the requested information.

CUSTOMER PRINTED NAME

CUSTOMER SIGNATURE

DATE

SPOUSE NAME

FOR OFFICIAL USE ONLY

3. The following personal data is provided in accordance with paragraph 2:

PLEASE PRINT ALL INFORMATION CLEARLY

SPONSOR'S INFORMATION (HIGHER RANK/ GRADE OF DUAL MILITARY OR GS)

DOD ID# _____ **RANK/ GRADE:** _____ **DOB:** _____ **DEROS:** _____

Branch of Service _____ **Home Number:** _____ **CELL:** _____

Last Name _____ **Middle Int.** _____ **First** _____

DSN: _____ **UNIT:** _____ **INSTALLATION:** _____

Work Email: _____ **HOME E-mail:** _____

1 SG, COMMANDER/ SUPERVISOR MUST BE PROVIDED AS FOLLOWS:

RANK/ GRADE _____ **LAST NAME:** _____ **FIRST NAME:** _____

DSN: _____ **CELL:** _____

EMAIL: _____ **INSTALLATION:** _____ **UNIT:** _____

Spouse information (IF DUAL MILITARY ORDERS ARE REQUIRED)

Spouse LAST Name _____ **RANK/Grade** _____ **DOD ID #** _____

Spouse FIRST Name _____ **DOB:** _____ **UNIT:** _____

Branch of Service _____ **Supervisor Name/ Rank** _____ **DSN:** _____

Military Mailing Address

UNIT _____

CMR / PSC _____

BOX _____

APO AE _____

Stateside Address (HOR) or NEXT OF KIN

Street _____

City/State _____

Zip _____

German Address

Street: _____ **Nr.** _____ **Apt:** _____

ZIP: _____ **City/Town:** _____

PLEASE READ, ACKNOWLEDGE AND INITIAL:

____ Granting auto-debit to utility company is mandatory for UTAP enrollment/participation per AER 215-6

____ Late Bills due to lack of auto-debit, insufficient funds, etc. will result in removal from tax-relief program

____ Change of status or residence requires final bills and paid receipts be provided to VAT office for UTAP

De-registration

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BANK INFORMATION TO ESTABLISH AUTOMATIC BILL PAYMENT

SEPA Mandate (SEPA Payment Authorization Form)

Name & Address of Utility Supplier

Gläubiger-Identifikationsnummer: _____ (Supplier ID)

Mandatsreferenz: _____ (Withdrawal Reference Number)

Customer/Contract Number: _____

SEPA-Lastschriftmandat (SEPA Withdrawal Mandate)

Ich ermächtige den oben genannten Versorger, Zahlungen von meinem Konto mittels Lastschrift einzuziehen. Zugleich weise ich mein Kreditinstitut an, die von dem oben genannten Versorger auf mein Konto gezogenen Lastschriften einzulösen.

(I hereby authorize the above utility supplier to withdraw payments from my bank account. At the same time, I am instructing my bank to honor the payment requests from the above named utility supplier.)

Hinweis: Ich kann innerhalb von acht Wochen, beginnend mit dem Belastungsdatum, die Erstattung des belasteten Betrages verlangen. Es gelten dabei die mit meinem Kreditinstitut vereinbarten Bedingungen.

(Note: Within 8 weeks from the debit date, I can request reversal of the transaction. The terms of my bank apply.)

First Name & Last Name of account holder

German Street Address

German Postal Code and City

Bank Name

BIC

DE _____ | _____ | _____ | _____ | _____ | _____
IBAN

Date, Account Holder Signature

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FOR OFFICIAL USE ONLY

FOR CMWRF OR USAFE SERVICES FUND USE ONLY

<i>Strom</i> /Electric Co	Customer No.
<i>Zähler</i> /Meter No.	<i>Stand</i> /Reading
<i>Gas</i> /Gas Co	Customer No.
<i>Zähler</i> /Meter No.	<i>Stand</i> /Reading
<i>Wasser</i> /Water Co	Customer No.
<i>Zähler</i> /Meter No.	<i>Stand</i> /Reading
Other Co	Customer No.
<i>Zähler</i> /Meter No.	<i>Stand</i> /Reading

NOTE: For additional information or assistance, call your UTAP coordinator at:

Rhein Ordnance Barracks VAT Office M-F 0900-1700
DSN 314 -541-9089 civilian 0611-143-541-9089

Kleber VAT office M-F 0900-1600
DSN 314-483-1780 civilian 0631 411 1780

Landstuhl VAT office M-F 1000-1300 and 1400-1700 (Closed 1300-1400)
DSN 314 486-1780 civilian 06371 86 1780

Baumholder VAT office M-F 1000-1300 and 1400-1700 (Closed 1300-1400)
DSN 314 531-2896 civilian 0611-143-531-2896

Signature of TRO representative

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