JUMPS - JSS PAY ELECTIONS

For use of this form, see AR 37-104-3; the proponent agency is ASA(FM)

1. HOW DO YOU WANT TO BE PAID? *(X one item.)*	2. METHOD OF PAYMENT *(X one item.)*
☐ a. Once a Month	☐ a. Sure Pay/Direct Deposit *(Complete Section 4.)*
☐ b. Twice a Month	☐ b. Check to Address *(Complete 5.)*

3. HELD PAY *(NOTE: All amounts may be withdrawn at any time upon application to your Finance Officer.)*

	b. SPECIFY AMOUNT
☐ a. If a held pay amount is also desired, check box and enter amount.	$

4. SURE PAY/DIRECT DEPOSIT *(X one box.)*

☐ a. SF 1199A attached. *(Complete items (1) through (5))* .	☐ b. SF 1199A on file. *(Use this box if you already have SURE PAY/DIRECT DEPOSIT to this financial institution)* ***(Do not complete items (1) through (5)).***

(1) NAME OF FINANCIAL ORGANIZATION	
(2) SAVINGS OR CHECKING ACCOUNT NO	(3) NAME OF ACCOUNT HOLDER
(4) STREET NO., RR NO., P.O. BOX	(5) CITY, STATE, ZIP CODE *(Or Country)*

5. CHECK TO ADDRESS *(Provide complete mailing address.)*

a. STREET NO., RR NO., P.O. BOX

b. CITY	c. STATE	d. ZIP CODE	e. COUNTRY

6. REMARKS

7. I HEREBY AUTHORIZE PAYMENT AS SPECIFIED ABOVE.

a. TYPED OR PRINTED NAME	e. NAME AND ADDRESS OF ORGANIZATION
b. SSN	
c. SIGNATURE d. DATE	

DA FORM 3685, SEP 1990   DA FORM 3685-R, APR 90 IS OBSOLETE   APD LC v3.00ES