



**DEPARTMENT OF THE ARMY**  
**UNITED STATES ARMY GARRISON BAVARIA**  
**UNIT 28130**  
**APO AE 09114-8130**

IMBA-MWR-N

Date: \_\_\_\_\_

**MEMORANDUM OF AGREEMENT WITH USAG BAVARIA**

**SUBJECT: Request for Utility Tax Relief**

1. Reference Army in Europe Regulation 215-6, 24 November 2009.

2. I request that the Community Morale, Welfare, and Recreation Fund (CMWRF) enroll me in the Utility-Tax Avoidance Program (UTAP).

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. The CMWRF is acting as my agent and is not responsible for paying my bills.

c. I understand that I am responsible for such bills. I agree to provide banking information for the monthly installment billing to the utility company.

d. I understand that I am responsible to provide meter readings to the utility company as requested (normally annually) and at the time of move.

e. I understand that I will be held liable for payment of penalty charges or administrative costs to the utility company or the CMWRF caused by late payments.

f. I agree that in the event the government or Nonappropriated Funds (NAF) is required to settle my indebtedness to the utility company. I voluntarily consent to collection from my basic pay and entitlements any amount owed to the utility company or the CMWRF for enrolling in this program.

g. 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.

h. I understand that it is my responsibility to notify this office (CMWRF VAT Office) at least 6 weeks before vacating my privately rented quarters. I will have sufficient funds available for 6 weeks after my departure to cover open utility bills.

i. I understand that failure to comply with above listed enrollment requirements will result in immediate cancellation and my utility tax exemption status will be revoked.

I have read and understand the terms of my application for the UTAP program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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UTAP APPLICATION

Sponsor's Name: LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

DOD ID Number \_\_\_\_\_ Civ. Email \_\_\_\_\_

Grade/Rank \_\_\_\_\_ Service \_\_\_\_\_ DEROS \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Unit/Organization \_\_\_\_\_ Duty Phone \_\_\_\_\_

Mailing Address: CMR \_\_\_\_\_ Box \_\_\_\_\_ APO AE \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work Email \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Ph: \_\_\_\_\_

**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)

**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/Postal Code/City

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
BIC

DE \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ IBAN

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.

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UTAP Information

***Strom/Electric***

**Customer No.**

*Zähler/Meter No.:*

*Stand/Reading*

***Gas/Gas Co***

**Customer No.**

*Zähler/Meter No.*

*Stand/Reading*

***Wasser/Water Co***

**Customer No.**

*Zähler/Meter No.*

*Stand/Reading*

***Other Co***

**Customer No.**

*Zähler/Meter No.*

*Stand/Reading*

Rental agreement was provided. Yes/No

Date moved in: \_\_\_\_\_

Size of Household: Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Amount of monthly installments: €\_\_\_\_\_

For additional information or assistance, call your UTAP coordinator at DSN 475-7157 or CIV 09641-83-7157 or email: [usarmy.grafenwoehr.imcom-fmwrc.list.vat@mail.mil](mailto:usarmy.grafenwoehr.imcom-fmwrc.list.vat@mail.mil).

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of TRO representative

UTAP Instruction Documents received: Signature \_\_\_\_\_