

**SAMPLE DD FORM 577  
SIGNATURE CARD  
(WITH INSTRUCTIONS FOR COMPLETION)**

1. NAME (Type or print) Doe, John J.	2. PAY GRADE MAJOR, USA	3. DATE 19 March 1997
4. OFFICIAL ADDRESS ATTN: RMCAP-PAY (C) 8899 West 65th Street Ourtown, NY 12900-1789  AO Account No. 4716-3000-1234-5678 (D) Interest Penalty Accounting Classification: 2172020 56-1020 IMPACINT345678 7QM8 S12102 (E)		
5. SIGNATURE <i>John J. Doe</i> (703) 555-1000, ext. 120 (C)		
6. TYPE OF DOCUMENT OR PURPOSE FOR WHICH AUTHORIZED  Purchase Card Billing Statements		
THE ABOVE IS THE SIGNATURE OF THE AUTHORIZED INDIVIDUAL		
7. NAME AND GRADE OF COMMANDING OFFICER  	8. PAY GRADE	
9. SIGNATURE OF COMMANDING OFFICER		

DD Form 577

SIGNATURE CARD

**Block 1:** Type your name (last name first, first name, middle initial)

**Block 2:** Type your pay grade (e.g. MAJOR USA, GS-12, etc.)

**Block 3:** Type the date you are completing the signature card.

**Block 4:** Type your official address. You must ensure that this is a full and complete address. Also type your 50-75 digit interest penalty accounting classification. This accounting classification is to be obtained from your resource manager/budget analyst. Your AO account number will be annotated by the Agency Program Coordinator.

**Block 5:** Sign the card here and type your office telephone number.

**Block 6:** Type the following phrase: "Purchase Card Billing Statement"

**Block 7:** Leave Blank. To be completed by the Agency Program Coordinator or Alternate.

**Block 8:** Leave Blank. To be completed by the Agency Program Coordinator or Alternate.

**Block 9:** Leave Blank. To be completed by the Agency Program Coordinator or Alternate.