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| FOR FM USE ONLY | Entered by/date: | | Reviewed by: | | Scan Date: | |
|----------------------------|-----------------------------|--|---------------------|--|-------------------|--|



Civil Air Patrol National Headquarters
 United States Air Force Auxiliary
 Maxwell AFB, Alabama 36112

Direct Deposit Sign Up – CAP Members

Name (Payee): _____

CAPID Number: _____

**Complete Mailing
Address:**

Telephone Number: _____ **Fax Number:** _____

E-mail Address: _____

Certifying Signature: _____ **Date:** _____

| FINANCIAL INSTITUTION | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|
| Name of Bank or Financial Institution: | _____ | | | | | | | | | |
| Type of Account: | <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | | | | | | | | |
| Account Number: | _____ | | | | | | | | | |
| Routing Number (must be 9 numbers): | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | |
| Bank or Financial Institution Complete Mailing Address: | _____ | | | | | | | | | |

Please include a copy of a voided check.
 Fax signed form to (334) 953-4285 or
 Scan signed form and e-mail it to deposits@capnhq.gov
 E-mail questions to deposits@capnhq.gov