

<b>FOR FM USE ONLY</b>	<b>Entered by/date:</b>		<b>Reviewed by:</b>		<b>Scan Date:</b>	
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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:** \_\_\_\_\_

<b>FINANCIAL INSTITUTION</b>										
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; text-align: center;"> <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](mailto:deposits@capnhq.gov)

E-mail questions to [brobbins@capnhq.gov](mailto:brobbins@capnhq.gov)