

FOR FM USE ONLY	Entered by/date:		Reviewed by:		Scan Date:	
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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:** _____

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; 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
 E-mail questions to deposits@capnhq.gov