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

Direct Deposit Sign Up – CAP Members

Member Name: _____

CAPID Number: _____

Name (Account Holder Payee): _____

Complete Account Holder Payee Mailing Address: _____

Telephone Number: _____

E-mail Address: _____

Certifying Signature (Account Holder): _____ **Date:** _____

FINANCIAL INSTITUTION

Name of Bank or Financial Institution: _____

Type of Account: ☐ Checking ☐ Savings

Account Number: _____

Routing Number (must be 9 numbers): ☐☐☐☐☐☐☐☐☐

Bank or Financial Institution Complete Mailing Address:

_____

A copy of a voided check or bank document showing the routing and account number must be attached.

Follow the instructions you have been provided separately to submit this form, or email the completed form to ncsafinance@capnhq.gov