National Headquarters Civil Air Patrol
United States Air Force Auxiliary
Maxwell AFB, Alabama 36112-5937

EFT/CHECK REQUEST

*All highlighted fields must be completed. Other fields will be completed by Cadet Programs.

**This form must be filled out digitally. Scanned copies will not be accepted.

DATE: _____

CAP MEMBER NAME: _____ **CAPID:** _____

ACCOUNT HOLDER NAME: _____

ADDRESS: _____

_____

_____

EMAIL or PHONE: _____ **PAYMENT TYPE: EFT**

AMOUNT: _____

PURPOSE:

CP or FM to provide Account #

DISTRIBUTION:	**AMOUNT:**
TOTAL	

REQUESTED BY: _____ **TITLE:** _____

APPROVED BY: _____ **TITLE:** _____