

PAY PAYMATIC

**A SURE WAY TO PAY YOUR AFAS LOAN
A CONVENIENT WAY TO CONTRIBUTE**

AIR FORCE AID SOCIETY PAYMATIC SERVICE

241 18th STREET, SUITE 202 • ARLINGTON, VA 22202 (800) 769-8951, EXT 2

What is Paymatic? Paymatic is a service available to Air Force Aid Society borrowers and donors that pays monthly bills automatically from your personal checking account at your own bank. Use the Paymatic service for both loans and contributions. When you choose the Paymatic way, you're also choosing...

- **Convenience.** No more writing checks and mailing them. Your payment is always taken care of each and every month.
- **Security.** Your account is always current. You no longer have to worry because you forgot to pay on time, lost your bill, were out of town or on TDY, or somehow misplaced your payment. Your monthly bill is automatically paid on time.
- **Savings.** You save the cost of checks, stamps, plus time and effort.

How to sign up. Follow the simple instructions; complete and mail both forms to the Air Force Aid Society. One form authorizes us to charge your checking account for the indicated monthly amount, rather than bill you at home; the other form authorizes your bank to honor checks drawn by the Society.

How long does it take to get started? It takes approximately 30 days after receipt of the authorization forms.

What if I move? Unless you change banks, all you have to do is notify us in writing of your new address.

How will my payments be stopped when my loan or donation is paid in full? Donors establish an automatic cut-off date. AFAS will automatically stop payments for borrowers.

What if I need new authorization forms? Ask for Paymatic forms at the Air Force Aid Society Section at any Air Force base, call or write us at the address/numbers above, or download the forms from our web site at www.afas.org.

SIGNIFICANT INSTRUCTIONS – PLEASE READ BEFORE COMPLETING FORMS

Item 1. Effective Month of First Draft. Deduction will be processed within 30 days of receipt of authorization forms. Bills will be sent to you until all arrangements have been verified with your bank. Pay all bills received until the AFAS sends you a letter confirming the date Paymatic service starts.

Item 2. Name of Bank Depositor. Print your checking account name as shown on Bank records.

Item 3. Check Account Number. Be sure this is a checking account and that it is the account from which you want payments deducted.

Item 4. Name of Borrower/Donor. The full name of the person for whom the payment is to be made. This could be yourself, your spouse, etc. Please complete even if you and the Borrower/Donor/are the same.

Item 5. Sign your checking account signature exactly as it appears on the checking account from which you want payments deducted.

IMPORTANT

...BE SURE TO ENCLOSE A VOIDED CHECK OR DEPOSIT SLIP FROM YOUR BANK.

...DO NOT SEPARATE FORMS. MAIL BOTH TO AIR FORCE AID SOCIETY, ATTN: LOAN MANAGEMENT, 241 18th STREET, #202, ARLINGTON, VA 22202, or Fax to 703-607-3022/DSN 327-3022

A. AUTHORIZATION TO CHARGE CHECKING ACCOUNT IN PAYMENT OF:

- Emergency Assistance Loan Donation

Full Name of Bank Where You Have Checking Account (SSN)

Address of Bank: City, State, & Zip Code ① Effective Month of First Draft

② Bank Depositor: _____
(Print Name as Shown on Bank Records) ③ Checking Account Number

④ Borrower/Donor: _____
Name

Air Force Aid Society is hereby authorized to draw a draft each month on my checking account for the above-named Borrower/Donor (fill in appropriate spaces)

- If Donor: in the amount of \$ _____ through (month/year _____) or
 If Borrower: in the amount of \$ _____ until my account is paid in full, or revoked by me in writing.

Your Checking Account Signature Date

AFAS Use Only (Leave Blank)	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Routing and Transit No.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Checking Account No.

B. AUTHORIZATION TO HONOR CHECKS DRAWN BY AIR FORCE AID SOCIETY

Bank Depositor _____
(Print Name as shown on Bank Records) Checking Account Number

(Full Name of Bank and branch name, if any, where you have checking account)

(City and State where Bank is located)

As a convenience to me, I hereby request and authorize you to pay and charge to my account drafts drawn on my account by, and payable to the order of, Air Force Aid Society, Inc. in payment of monthly amounts due for the above-named person, provided there are sufficient collected funds in said account to pay the same upon presentation.

This authority is to remain in effect:

- If Borrower:** until my loan/donation is paid in full – or unless revoked by me in writing.
I agree that you will be fully protected in honoring any such draft.

- If Donor:** through (month/year) _____

I agree that your treatment of each such draft, and your rights in respect to it, shall be the same as if it were signed personally by me. I further agree that if any such draft shall be dishonored, whether with or without cause intentionally or inadvertently, you shall be held harmless against any and all claims which may arise in connection herewith. I will be responsible for all fees associated with any dishonored check.

(Date) (Your Checking Account Signature – as shown on Bank records)