

# PAYMATIC

## (Electronic Funds Transfer Authorization)

NAME:	SSN:
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PHONE:	EMAIL:
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BANK NAME:
BANK ADDRESS:

ROUTING NUMBER:	ACCOUNT TYPE:
ACCOUNT NUMBER:	CHECKING      SAVINGS

MONTHLY PAYMENT:
EFFECTIVE MONTH OF 1ST DRAFT:

I authorize the Air Force Aid Society to deduct a monthly Electronic Funds Transfer (EFT) withdrawal from the above designated bank account for which supporting documentation has been attached (**copy of 'void' check or statement from bank**).

This authorization is to remain in effect with the Air Force Aid Society until my loan is paid in full or unless revoked by me in writing.

PRINTED NAME	DATE
SIGNATURE	