

(888)-654-USAF (8723)  
FAX (802)-434-3082



P.O. Box 999  
Richmond, VT 05477-0999

**ELECTRONIC DEPOSIT TRANSFER REQUEST FORM**

DONOR ACCOUNT DETAIL: (withdrawn from)

Electronic Deposit Transfer (select one):      Initial Request      Modification of Existing

Account (select one):      CHECKING      SAVINGS

Account Type (select one):      PERSONAL      CORPORATE

Bank account number: \_\_\_\_\_

Primary name listed on bank account: \_\_\_\_\_

USAF Loan number: \_\_\_\_\_

Name of financial institution: \_\_\_\_\_

Routing number of Financial Institution: \_\_\_\_\_

**Transfer amount (Payment Amount):** \$ \_\_\_\_\_

Transfer start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (on or before your next payment due date)

Transfer frequency:  MONTHLY

ONE-TIME INSURANCE ACH    Amount: \$ \_\_\_\_\_

ONE-TIME LOAN FEE            Amount: \$ \_\_\_\_\_

ONE-TIME MONTHLY LOAN PAYMENT    Amount: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I, \_\_\_\_\_ (print name), hereby authorize US Aviation Finance, LLC to process an electronic withdrawal from the above mentioned donor account to be applied to the above-mentioned recipient account. I understand that this is an automatic computer withdrawal and that the funds must be available in the donor account prior to the due date to insure proper payment. These accounts remain subject to their individual terms and conditions, which are not modified by this authorization. Subject to the loan being in good standing with no condition of default you may terminate or modify this authorization by giving us 30 days written notice.

Customer signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*If you have an electronic signature, you may add it above. If you do not, please type in your name and we will contact you for your signature later.*

Internal use only:

TMO category added \_\_\_\_\_ TMO Corporate EIN# marked \_\_\_\_\_ E Sheet updated \_\_\_\_\_