

**ARMY EMERGENCY RELIEF (AER)  
ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AND PROMISSORY NOTE**

Effective Date \_\_\_\_\_ DODID or AER Client ID: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I hereby authorize AER to (1) directly deposit funds into the bank account listed below, or (2) to correct any EFT errors or overpayments by debiting my account to correct the error, or (3) in the event I am provided an interest-free loan, to debit monthly payments to AER through EFT from this same account. This form serves as a promissory note to establish repayment in conjunction with AER Form 52 (Allotment Authorization/Promissory Note).

I have attached a voided check, deposit slip or screenshot for the account specified below. This authorization is to remain in force until Army Emergency Relief (AER) receives my written authorization to either terminate or change my direct deposit or my loan is paid in full.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACCOUNT INFORMATION**

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NAME OF ACCOUNT HOLDER: \_\_\_\_\_

TYPE OF ACCOUNT (Check one):       Checking       Savings

ACCOUNT NUMBER: \_\_\_\_\_

BANK/ABA ROUTING NUMBER: \_\_\_\_\_

Please mail or fax completed form to:      Army Emergency Relief  
2530 Crystal Drive  
13<sup>th</sup> Floor, Room 13161  
Arlington, VA 22202

Fax: 703-602-9944

AER Form 575 (October 2019)