

# AIR FORCE ENLISTED VILLAGE

## Defense Accounting & Finance Service Allotment Start/Change



**Name** (Last, First, Middle Initial) \_\_\_\_\_ Pay Grade \_\_\_\_\_ Active/Retired \_\_\_\_\_  
 Address (Street or Box Number) \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_ Daytime Phone No. \_\_\_\_\_  
 Email Address \_\_\_\_\_

Indicate action requested by checking the appropriate space below:

START discretionary (**Type "D"**) allotment with first payment to be made/effective date: \_\_\_\_\_ for \$ \_\_\_\_\_  
 YYY/MMM/DD

CHANGE my discretionary (**Type "D"**) allotment from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ effective \_\_\_\_\_  
 Old Amount New Amount YYY/MMM/DD

Name of Allottee: \_\_\_\_\_

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

**Donor, please mail form to: Air Force Enlisted Village, 92 Sunset Lane,  
Shalimar, FL 32579-1000, or fax to (850) 651-4461**

AFEV Form 2558

One time charge to my credit card \$ \_\_\_\_\_  
 Monthly charge to my credit card \$ \_\_\_\_\_ (minimum \$5 monthly)  
 Sustaining Program Donor  
 American Express  Discover  Mastercard  Visa Exp.Date \_\_\_\_\_

Card number \_\_\_\_\_ CVV number (on back): \_\_\_\_\_


Signature \_\_\_\_\_

Enclosed is my cash, check or money order payable to AFEV

Name/Organization \_\_\_\_\_

Address \_\_\_\_\_


City, State, Zip \_\_\_\_\_



**Please mail to:**  
**Air Force Enlisted Village**  
**92 Sunset Lane**  
**Shalimar, FL 32579-1000**  
**Tele: (800) 258-1413**

**All donations are tax-deductible!**  
 Founding \$10,000 or more  
 Sustaining \$5,000 - \$9,999  
 Life \$1,000 - \$4,999  
 Associate \$500 - \$999  
 Special \$100 - \$499  
 Trust \$1 - \$99 AFEV Form 404

### AUTHORIZATION AGREEMENT FOR BANK DRAFT PAYMENTS



Donor Name: \_\_\_\_\_

I authorize the Air Force Enlisted Village to draft \$ \_\_\_\_\_ on a monthly basis from my checking account number attached below.

Donor's Bank Name: \_\_\_\_\_ All donations are tax-deductible!

This bank draft remains in full force until either the AFEV or donor receives written notification from the other party of its termination, giving both parties a reasonable amount of time to act on it.

Signed: \_\_\_\_\_

**Please mail to:**  
**Air Force Enlisted Village**  
**92 Sunset Lane**  
**Shalimar, FL 32579-1000**  
**Tele: (800) 258-1413**

**Please Attach Voided Check Here**

AFEV Form 400