

<b>SUPPLEMENTAL PROMISSORY NOTE AGREEMENT</b>				1. Section Number	2. Rank																		
3. SOLDIER'S NAME (Last, first, MI)		4. UNIT	5. ETS	6. AER Client ID #																			
3a. Contact Email:		8. MAILING ADDRESS OF SOLDIER, RETIREE OR SURVIVING FAMILY MEMBER AND PHONE #																					
7. Status	<input type="checkbox"/> Active					<input type="checkbox"/> Retired																	
	<input type="checkbox"/> USAR					<input type="checkbox"/> USA NG																	
9. Applicant's name (if other than Soldier)			10. Applicant's relationship (if other than Soldier)																				
<p>11a. Agreement Information:            In receiving the AER Loan, Number _____ for \$ _____ I am unable to make repayments by allotment from my military (Active/Retire) pay. In lieu of loan repayment by allotment, I will make the monthly payments directly to AER through Electronic Funds Transfer.</p> <p>11b. If there is an unpaid/uncollectible balance, I authorize AER to include the unpaid/uncollectible balance of \$ _____ in this repayment plan by this Supplemental Promissory Note.</p> <p>I authorize AER to debit my bank account as identified in the original loan request for \$ _____ per month for _____ months, effective _____.</p> <p>In authorizing AER to debt my Account, I understand that I also authorize AER to establish an online account with AER.</p>																							
<b>12. APPLICANT'S AUTHORIZATION</b>																							
12a. SIGNATURE OF APPLICANT				12b. Date																			
<b>13. BANK INFORMATION</b>																							
13a. NAME OF BANK																							
13b. ACCOUNT NUMBER																							
13c. ROUTING NUMBER																							
ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings																							
<b>PLEASE ATTACH A VOIDED CHECK BELOW</b>																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NAME ADDRESS CITY, STATE, ZIP</td> <td style="width: 20%;">DATE _____</td> <td style="width: 20%; text-align: right; font-size: 24pt;"><b>0123</b></td> </tr> <tr> <td>PAY TO THE ORDER OF _____</td> <td style="text-align: right;">\$ <input style="width: 100px;" type="text"/></td> <td style="text-align: right;">DOLLARS</td> </tr> <tr> <td colspan="3">BANK NAME ADDRESS CITY, STATE, ZIP</td> </tr> <tr> <td colspan="3">FOR _____</td> </tr> <tr> <td style="text-align: center;"><b>!012345678!</b></td> <td style="text-align: center;"><b>01234567890123!</b></td> <td style="text-align: center;"><b>0123</b></td> </tr> <tr> <td style="text-align: center;">BANK ROUTING NUMBER</td> <td style="text-align: center;">BANK ACCOUNT NUMBER</td> <td style="text-align: center;">CHECK NUMBER</td> </tr> </table>						NAME ADDRESS CITY, STATE, ZIP	DATE _____	<b>0123</b>	PAY TO THE ORDER OF _____	\$ <input style="width: 100px;" type="text"/>	DOLLARS	BANK NAME ADDRESS CITY, STATE, ZIP			FOR _____			<b>!012345678!</b>	<b>01234567890123!</b>	<b>0123</b>	BANK ROUTING NUMBER	BANK ACCOUNT NUMBER	CHECK NUMBER
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<b>16. ACKNOWLEDGEMENT</b>																							
<p>I understand that I cannot Stop these payments without Permission of AER or until the account is paid in full.</p> <p>I understand that if it is determined at some future point that AER is able to start an allotment from my Active or Retired pay then AER, at its discretion, may start an allotment and terminate these automatic payments from my bank account.</p> <p>I have read and received a copy of this agreement.</p>																							
16b. SIGNATURE OF APPLICANT				16c. Date																			