



Please complete this form and fax to 800-599-2933 to complete payment.

AUTHORIZATION FOR DIRECT PAYMENT

I authorize AFCNET to initiate an electronic debit from our agency account on file as payment for the booking detailed below. I acknowledge the terms and conditions of the sale as stated on the itinerary.

RECORD LOCATOR: _____

PASSENGER NAME: _____

DEPARTURE DATE: _____

PAYMENT AMOUNT: \$ _____
(NOTE: Please send only the net amount due – no commission should be added.)

ACCOUNT TO DEBIT: _____
(NOTE: This is for agencies with multiple accounts on file with AFCNET.)

AGENCY NAME: _____

ARC: _____

AUTH. SIGNATURE: _____ TITLE: _____

DATE: _____

NOTE: If your agency is not yet registered for the Direct Payment Program, you must first complete a DIRECT PAYMENT REGISTRATION FORM and fax along with this payment authorization. The Registration Form may be obtained by calling and asking one of our reservation agents to send one to you.