



Military Deployment Request

Member Name: _____

Member Account: _____

Vehicle Description: _____

Date of Deployment: _____

(Please Provide A Copy of Orders)

I am requesting the following:

(Check All That Apply)

Comprehensive Only Request

Authorization to Ship Vehicle Request

Credit Union Use ONLY

Comprehensive Only Approved

Authorization to Ship Approved

SAFE Employee Signature

Date

Date Approval Needed By: _____

Please submit your request(s) by visiting a SAFE Branch, via email or fax.

record@safefed.org

or

803-905-7508 (fax)

800-763-8600 (phone)