



REIMBURSEMENT APPLICATION

Please be aware of these eligibility requirements:

- Include the **ORIGINAL** receipt. Reimbursement requests cannot be processed with a photocopy or facsimile.
- The receipt must be made out to a valid AAA member.
- This application and your receipt must be postmarked within sixty (60) days of the service date.

Please follow these instructions: Complete this application form fully. Please type or print legibly to expedite processing. Keep copies of this Reimbursement Application and your receipt for your records. Attach the **ORIGINAL** receipt to this Reimbursement Application and mail to: **AAA Club Services, Attn: ERS A-321, PO Box 25001, Santa Ana, CA 92799-5001.**

Member's Name: _____ Day Phone: _____ E-Mail (optional): _____

Mailing Address: _____ City/State: _____ Zip Code: _____

Club Code: _____ Membership Number: _____ Expiration Date: _____

Date of Service: _____ Time of Service: _____ AM PM

Vehicle Year: _____ Make: _____ Model: _____ Color: _____ License: _____ State: _____

Location of Service: _____ City/State: _____

Problem with Vehicle: _____

Service provided: Flat Tire Battery Fuel Start Vehicle Lockout Towing Collision Winch Vehicle Locksmith Home Lockout

If towed, to what destination? _____ City/State: _____ How many miles? _____

Did you call AAA for service? Yes No

If AAA was not contacted for service, please explain: _____

Was service provided by a AAA service provider? Yes No

Were you present when service arrived? Yes No

If AAA was called and/or used, why were you charged? _____

Was a valid AAA card & photo ID presented? Yes No

Comments: _____

(Use separate sheet for further comments)

Amount charged for service: \$ _____ Amount Requested: \$ _____ Name of company rendering service: _____

MEMBER'S SIGNATURE: _____ **DATE:** _____

Dear Member: Thank you for your Reimbursement Application. Please be assured that your request will be processed as quickly as possible. You should receive a written response within ten (10) working days after your request has been received. If not, please feel free to call ERS toll free at 1-888-222-9441. See Member Guide for applicable member reimbursement provisions.

For office use only:

Date Received: _____ ERS/CSR / Field Office _____

Allow Refund: Yes _____ No _____ If Yes, reason: _____

Reimbursement type:

- _____ (RF 1) Standard towing, winch, tire, battery or lockout reimbursement to a Standard, AAA Plus, or AAA Premier member
- _____ (RF 2) Standard locksmith reimbursement to a Standard, AAA Plus, or AAA Premier member
- _____ (RF 3) RV/Motorcycle towing or RV tire change reimbursement to a Standard or AAA Plus-RV/Motorcycle member
- _____ (RF 4) AAA Plus towing, fuel, or locksmith reimbursement to an individual AAA Plus or AAA Premier member
- _____ (RF 5) AAA Plus towing, fuel, or locksmith reimbursement to a family AAA Plus or AAA Premier member
- _____ (RF A) AAA Premier towing or locksmith reimbursement to an individual AAA Premier member
- _____ (RF B) AAA Premier towing or locksmith reimbursement to a family AAA Premier member
- _____ (RF D) Home Lockout Service reimbursement to an individual AAA Premier member
- _____ (RF E) Home Lockout Service reimbursement to a family AAA Premier member
- _____ () Other reimbursement types: _____

Reimbursement Calculation:

# Prev Calls	Svc Chg Reimbursement	Receipt Amt	S/C Deduct Amount	Covered Amt	Reimbursed
	YES / NO	\$	\$	\$	\$

Processed by: _____ Authorized Signature: _____ Date: _____