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 Texas member.
- This application with your receipt must be postmarked or received 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.

Member’s Name:___________________________________________ Day Phone: (______)________-____________ E-Mail (optional):____________________________________ City/State:_________________________________ Zip

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: (Circle) Flat Tire, Battery, Fuel, Start, Vehicle Lockout, Towing, Collision, Winch, Vehicle Locksmith, Home Lockout Service

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

Did you call AAA for service? Yes______ No ______

Was service provided by a AAA service provider? Yes_______ No______

Were you present when service arrived? Yes______ No ______

Was a valid AAA card & matching photo ID presented at the time of service? Yes______ No _______

If AAA was not contacted for service, please explain:

__________________________________________________________________________________

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

__________________________________________________________________________________

Comments:________________________________________________________________________________________________________________

____ (Use separate sheet for further comments)

Amount charged for service: $________________ Name of company rendering service:________________________ 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 Administration 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 C) AAA Premier RV/Motorcycle towing or RV tire change reimbursement to a AAA Premier-RV/Motorcycle 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 Covered Amt S/C Deduct Amount Reimbursed

Yes____ No____ $__________ $__________ $_________ $________________