

## **AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)**

### **COMPANY NAME: THE FRATERNAL ORDER OF POLICE, ARIZONA LABOR COUNCIL, INC.**

I (we) hereby authorize **THE FRATERNAL ORDER OF POLICE, ARIZONA LABOR COUNCIL, INC.** (hereinafter "FOP/ALC") to initiate debit entries to my (our) Checking account indicated below at the financial institution (hereinafter "DEPOSITORY") named below, to debit the same of an amount not to exceed **\$50.00 per month**, to such account on or between the 25<sup>th</sup> to the 28<sup>th</sup> of each month. Transactions will begin the month following the date of this authorization.

MY DEPOSITORY NAME: (bank, credit union, etc.) \_\_\_\_\_

This authorization is to remain in full force and effect until the **FOP/ALC** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the **FOP/ALC** and my (our) **DEPOSITORY** a reasonable opportunity to act on it.

NAME: \_\_\_\_\_  
DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**IF YOU DO NOT HAVE A VOIDED CHECK, PLEASE WRITE THE BANK ROUTING NUMBER AND ACCOUNT NUMBER BELOW:**

**ROUTING NUMBER** \_\_\_\_\_ **ACCOUNT NUMBER** \_\_\_\_\_

FOR FOP/ALC OFFICE USE ONLY: RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ DATA INPUT BY: \_\_\_\_\_ DATE: \_\_\_\_\_

START: \_\_\_\_\_ SPCD: \_\_\_\_\_

ORIGINAL - FOP/ALC.

PHOTOCOPY FOR MEMBER

Email signed and completed form to [geiddyfedlodge2@gmail.com](mailto:geiddyfedlodge2@gmail.com) & [mikefedlodge2@gmail.com](mailto:mikefedlodge2@gmail.com)