

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 25th to the 28th 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 & mikefedlodge2@gmail.com