

**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 **\$27.00 per month, (\$7.00 FOP dues to Lodge #11 plus \$20.00 ALC dues)** 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.) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

SOC #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE: \_\_\_\_\_ SOC #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE: \_\_\_\_\_

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

**\*\*A VOIDED CHECK, OR A COPY OF ONE OF YOUR VOIDED CHECKS, MUST BE ATTACHED TO THIS AUTHORIZATION.**

FOR OFFICE USE RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ DATA INPUT BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ORIGINAL - FOP/ALC, INC.

PHOTOCOPY FOR MEMBER