

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 **\$39.00 per month (\$20.00 for ALC dues, \$19.00 for Mesa F.O.P. dues)**, 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.) _____

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: _____

DATE: _____ 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

----- CUT IN HALF AT THIS LINE - ONLY ONE HALF OF THIS FORM IS NEEDED PER MEMBER -----

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 **\$39.00 per month (\$20.00 for ALC dues, \$19.00 for Mesa F.O.P. dues)**, 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.) _____

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: _____

DATE: _____ 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