

**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 **\$30.00 per month, (\$10.00 FOP dues to Lodge #44 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: \_\_\_\_\_

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

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

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

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

**MAIL THIS FORM TO: FOP/ALC Office Manager, 177 N. Church, Suite 314, Tucson, AZ 85701**

**\*\*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

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