



## AUTHORIZATION AGREEMENT FOR ACH WITHDRAWAL

The Fraternal Order of Police Lodge 93 (FOP Lodge 93) has my/our permission to initiate electronic debit entries from my/our \_\_\_ checking account or \_\_\_ savings account (select one) indicated below at the depository financial institution/bank named below for the purpose of paying my monthly dues. I acknowledge that the origination of ACH transactions to my/our (select one) account must comply with the provisions of US Law.

FOP Members Name: \_\_\_\_\_ Rank/Title: \_\_\_\_\_

Your Depository/Bank Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_  
(First 9 digits on the bottom left of your check)

Account Type: \_\_\_ Checking (Need to attach a VOIDED Check)

\_\_\_ Savings (Please attach a Savings Deposit Slip)

This authorization is to remain in full force and effect until FOP Lodge 93 receives written notice from me to terminate the transactions.

Name(s): \_\_\_\_\_  
(Please print. If joint account all names and signatures are needed)

Date: \_\_\_\_\_

Signature(s): \_\_\_\_\_  
\_\_\_\_\_