DeKalb Fraternal Order of Police

MEMBER AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DUES PAYMENT

I (we) hereby authorize the DeKalb Fraternal Order of Police, to initiate debit and credit entries to my (our)
[ ]Checking [ ]Savings account (select one) indicated below and the depository named below, hereinafter "DEPOSITORY", to debit or credit the same to such account. I further authorize the DeKalb Fraternal Order of Police to debit said account for such amount allowed by law in the event a debit entry is rejected by the Depository. This authority is to remain in full force and effect until the DeKalb Fraternal Order of Police has received written notification from me (or either of us) of its termination in such time, but no less than 5 business days before any payments are due to be made, and in such manner as to afford the DeKalb Fraternal Order of Police and DEPOSITORY a reasonable opportunity to act on it.

DEPOSITORY NAME_____BRANCH_____

CITY _____ STATE _____ ZIP _____ - _____

TRANSIT/ABA NO. ___ ___ ___ ___ ___ ___ ___ ___ ___ ACCOUNT NO. _____

Please Check Those That Apply: ___ **This is a Bank Account of a Natural Person**
___ **This Account is Used for Commercial/Business Transactions**

IF THE ACCOUNT REQUIRES TWO SIGNATURES, BOTH PERSONS SHOULD SIGN BELOW:

MEMBER NAME _____ DATE _____

SIGNATURE(S) _____ _____

PRINT NAME (S) _____ _____

KEEP A COPY OF THIS AGREEMENT FOR YOUR RECORDS

RATES:	ACTIVE (EMPLOYED) MEMBERS	$9.50 PER MONTH
	RETIRED MEMBERS	$6.00 PER MONTH

** ACCOUNTS WILL BE DEBITED ON OR ABOUT THE 5TH OF EACH MONTH **

****ATTACH A COPY OF A VOIDED CHECK FOR THE INDICATED ACCOUNT HERE****