



# WICOMICO COUNTY LODGE #111 FRATERNAL ORDER OF POLICE

814 Albert Street, Salisbury, MD 21804

Scott M. Hamilton, President    Matthew Thompsen, Secretary

## AUTHORIZATION FOR DIRECT PAYMENT VIA ACH DEBIT

COMPLETE THIS FORM AND EMAIL WITH MEMBER APPLICATION TO:

mail@fop111md.org

Direct payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment. By completion of this form, I authorize FOP, Lodge #111, Inc. to electronically debit my account, and if necessary, electronically credit my account to correct erroneous debits as follows:

Checking account      Savings account at the financial institution named below:

Bank name \_\_\_\_\_ Routing number \_\_\_\_\_

Account number \_\_\_\_\_

Please select the follow amount of debits or method of debit from the list below.

\$20.00: Active Member (Every two weeks)

\$35.00: Salisbury University Police CBU member (Every two weeks)

\$30.00 Wicomico County Sheriff's Office CBU member (Every two weeks)

\$100.00: Retired member (Yearly Dues)

\$120.00: Associate Plan A (Yearly Dues)

\$60.00: Associate Plan B (Yearly Dues)

**I understand that this authorization will remain in full force and effect until I notify the FOP, Lodge #111, Inc. in writing (email) that I wish to revoke this authorization. I understand that the FOP, Lodge #111, Inc. requires at least seven (7) days prior notice in order to cancel this authorization.**

**I further understand that should I no longer be eligible for membership with the FOP, Lodge #111, Inc. due to change of employment status, I must notify the FOP, Lodge #111, Inc. to stop ACH debits. If I fail to make notification to stop the ACH debits, any additional debits made by the FOP, Lodge #111, Inc. after I am no longer eligible for membership WILL NOT be refunded to me.**

Name (print clearly) \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_