



WICOMICO COUNTY LODGE #111 FRATERNAL ORDER OF POLICE

814 Albert Street, Salisbury, MD 21804

Scott M. Hamilton, President Brittany A. Sigmund, 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: Non CBU - Active Member (Every two weeks)
- \$35.00 Salisbury City Police CBU 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. Should my any debits by the FOP from my account provided be rejected for any reason, I agree to reimburse the FOP for any lost dues collections. Should debit rejections continue to occur, my membership with the FOP may be suspended until any uncollected dues are submitted.

Name (print clearly) _____ Signature _____

Date _____