



# 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](mailto: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.

\$25.00: Non CBU - Active Member (Every two weeks)

\$40.00 Salisbury City Police CBU member (Every two weeks)

\$40.00: Salisbury University Police CBU member (Every two weeks)

\$35.00 Wicomico County Sheriff's Office CBU member (Every two weeks)

\$120.00: Retired member (Yearly Dues) - FULL MEMBERSHIP with Legal Plan and Life Insurance

\$60.00: Retired member without Legal Plan or Life Insurance (Yearly Dues)

\$75.00: Associate Plan A (Yearly Dues)

\$40.00: 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 \_\_\_\_\_