

DIRECT PAYMENT AUTHORIZATION



Missouri Fraternal Order of Police

I hereby authorize ***The Missouri Fraternal Order of Police*** (through Central Bank in Jefferson City) to electronically debit my account (ACH) on the **1st of Every Month** **the amount of \$50.00**

Written notice to ***Missouri Fraternal Order of Police*** must be submitted no later than **7 days prior to the 1st of the month** to rescind authorization. Please direct all questions to: (573) 489-9935 or (660) 238-1313 or (417) 773-7039

Individual Account Holder's Name (Please Print): _____

Authorized Representative (Please Print): _____

(Your Financial Institution Name)

(Bank Address)

(City/State)

(Zip)

(Routing / Transit Number)

(Account Number)

Account Type: Checking or Savings

Total Amount Per Month: \$50.00

PLEASE ATTACH A BLANK VOIDED CHECK

Authorized Representative Signature

Date