

ACH CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Durango FOP Lodge 8 (THE COMPANY) to initiate entries to my checking/savings account at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transaction credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Please Circle One: ~~XXXXX~~ ACH OUT

(Name of Financial Institution)

(Address of Financial Institution) (City) (State) (Zip Code)

(Name on Account)

(Financial Institution Routing Number)

(Account Number)

Checking Account

Savings Account

Amount \$ \$50.00

Signature of Client

Date

Client Address

(City)

(State)

(Zip Code)

Please Attach a Voided Check or Savings Deposit Slip Below: