

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.

ACH OUT

Name of Financial Institution

Address of Financial Institution

City

State

Zip

Name on Account

Financial Institution Routing Number

Account Number

Amount: \$60/month per member

Signature of Client

Date

Client Address

City

State

Zip

Please Attach a Voided Check or Savings Deposit Slip Below:
