

**AUTHORIZATION AGREEMENT FOR ACH DEBITS  
PAYABLE TO THE COALITION OF POLICE & SHERIFFS INC.**

**COALITION OF POLICE &  
SHERIFFS INC. [C.O.P.S.]  
Company**

**32015850947**

**TAX ID NUMBER**

I (WE) hereby authorize **C.O.P.S.LOCAL 911**, herein after called **COMPANY**, to initiate debit entries and/or correction entries to my/our Checking Account with the information indicated and at the depository named below, herein called **DEPOSITORY**, to credit the same such account. I (we acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

**DEPOSITORY/BANK NAME**

**CITY**

**BANK ROUTING NUMBER**

**ACCOUNT NUMBER**

This authorization is to remain in full force until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** reasonable opportunity to act upon it.

**NAME (as they appear on your bank acct)**

**Street Address**

**Social Security Number**

**City/State/Zip**

**Date of Birth**

**Telephone or Cell Phone Number**

**Personal E-Mail Address for Legal Updates**

**Employer**

**Date Submitted**

COALITION OF POLICE & SHERIFFS, INC.

3605 Katy Freeway, Suite 103

Houston, Texas 77007

Office (713) 227-COPS (2677)

Fax (713) 802-0517

[www.COPSweb.org](http://www.COPSweb.org)

Email: COPSUNION@aol.com

**Basic Monthly Fees:**

**\$46.90 Membership with Legal PLUS for Member ONLY**

**Optional Monthly Fees:**

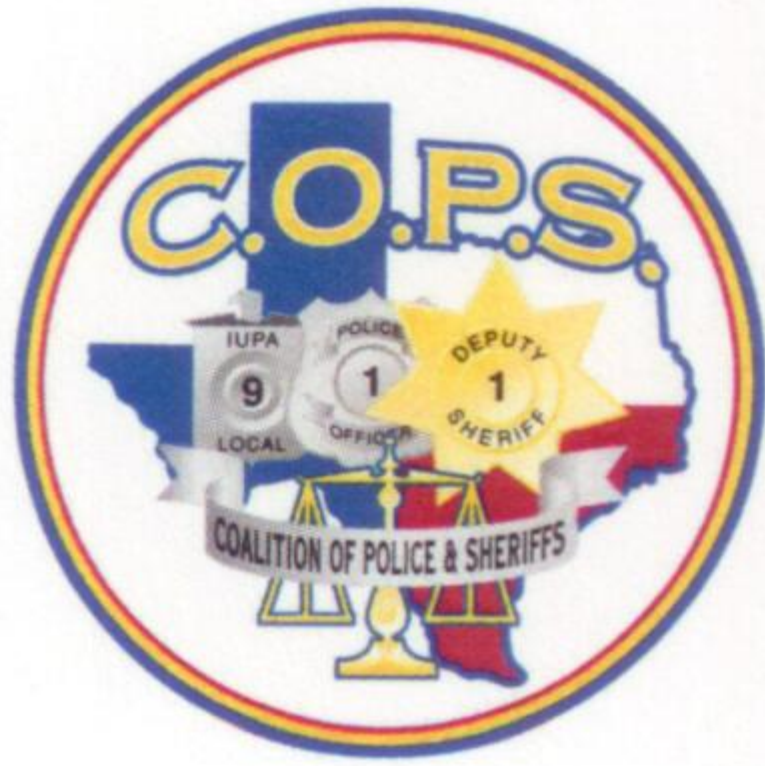
\$14.95 Add Spouse/Partner to Legal PLUS

\$13.95 Add Family Firearm Protection Plan (Individual)

\$19.95 Add Family Firearm Protection Plan (Family)

\$\_\_\_\_\_ AFLAC

# C.O.P.S.



## FAMILY FIREARM PROTECTION PLAN

OFFERED EXCLUSIVELY TO C.O.P.S. LEGAL PLUS MEMBERS

### DEPENDENT INFORMATION FORM AND PLAN

Member's Name:

Effrt Date:

**IMPORTANT:**

**ONLY PERSON(S) NAMED ON THIS FORM WILL BE ENTITLED TO LEGAL REPRESENTATION FOR FIREARM DEFENSE!!!**

**Plan A**

**INDIVIDUAL PLAN**

**\$13.95 a month**

Add One (1) Adult Dependent Below:

Dependent's Name

DOB

EMAIL

Dependent's Phone Number

**Plan B**

**FAMILY PLAN**

**\$19.95 a month**

Add Three (3) Adult Dependents Below:

#1Dependent

DOB

EMAIL

Ph#

#2Dependent

DOB

EMAIL

Ph#

#3Dependent

DOB

EMAIL

Ph#