

**AUTHORIZATION AGREEMENT FOR ACH BANK DRAFTS
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.

BANK NAME

CITY/STATE

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 it appears on your account

Home Address

Social Security Number

City/State/Zip

Date of Birth

Cell Phone Number

Personal E-Mail Address for Legal Updates

Employer

() **\$46.90 mo. for Basic dues & Legal P.L.U.S.**

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

SIGNATURE OF NEW MEMBER APPLICANT

Signature of Recruiting Member

Print Name of Recruiting Member

This form is strictly utilized for Non-Harris County Employee's payment of Union Dues through their Checking Account via one time monthly. Scan/Email the form to COPSUNION@aol.com or fax to (713) 802-0517.