



**EASTERN MISSOURI COALITION OF POLICE  
FRATERNAL ORDER OF POLICE LODGE 15**  
9620 LACKLAND RD., ST. LOUIS MO. 63114  
314-423-8003 314-423-8054 (FAX)  
WWW.FopLodge15.org



**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS  
(ACH DEBIT)**

COMPANY NAME:

EASTERN MISSOURI COALITION OF POLICE  
MISSOURI FOP LODGE 15

I (we) hereby authorize Eastern Missouri FOP Lodge 15, hereinafter called COMPANY, to initiate debit entries to my (our) checking/savings account indicated below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME \_\_\_\_\_ DEPOSITORY CITY \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

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

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(Please Print)

SIGNATURE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

**FORM MUST BE COMPLETED IN FULL FOR PROCESSING**  
INCLUDE A VOIDED CHECK FOR CHECKING ACCOUNTS  
INCLUDE A DEPOSIT SLIP FOR SAVINGS ACCOUNT