

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

32015850947 TAX ID NUMBER MEMBERSHIP DUES BANK AUTHORIZATION FORM

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

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DEPOSITORY/BANK NAME	CITY
BANK ROUTING NUMBER	ACCOUNT NUMBER
This authorization is to remain in full force until COPS has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY reasonable opportunity to act upon it.	
Name:	SSN:
Address:	
DOB:	Personal Email:
Cell Ph#:	Employer:
Date Submitted COPS LOCAL 911 3605 Katy Freeway, Suite 103 Houston, Texas 77007 Office (713) 227-COPS (2677) Fax (713) 802-0517 www.COPSweb.org Email To: ADMIN@copsweb.org With a "VOIDED CHECK"	PLANS (check one) Refer to Pricing Sheet for Benefit Descriptions (