

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

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

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

Email: COPSUNION@aol.com

PRICING, PLANS AND BENEFITS (circle one)

RETIREMENT PLAN- \$14.95

PLAN A – \$31.95 Mo.

Basic Plan [on duty issues only]

PLAN B – \$46.90 Mo.

Basic + Legal Plus Gold - MEMBER ONLY

(on and off duty issues)

PLAN C - \$61.85 Mo.

Basic + Legal Plus Gold – MEMBER & SPOUSE

(on and off duty issues)

PLAN D - \$65.00 Mo.

✓ BEST VALUE

Basic + Legal Plus Gold – MEMBER & SPOUSE

+ FAMILY FIREARM PROTECTION PLAN

Reimbursement Plan \$200 day if suspended and \$3k if

terminated after appeal, Free Documents Reviewed &

Prepared such as Wills, Power of Attorney's , Living Will,

and much more.