



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

From Checking Account

Mail Completed Form To:
5632 Bee Ridge Rd., Suite 200
Sarasota, FL 34233
Tel: 1-800-247-4872

Name: _____ SSN: _____
Local Name: I.U.P.A. Local 6021 Local #: 6021
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Email: _____

I hereby authorize the International Union of Police Association, AFL-CIO, [I.U.P.A.] to initiate debit entries to my **Checking** account indicated below and the bank named below, to debit the current prevailing rate for membership dues consistent with the I.U.P.A. Constitution in conjunction with the Affiliation Agreement for each respective local. The **CURRENT Authorized Amount to be Debited is \$ 40.00 Per Month* variable subject to the forgoing. PLEASE ATTACH A VOIDED CHECK TO THIS FORM.**

Bank Name: _____ Branch: _____
City: _____ State: _____ Zip: _____
Bank Routing/ABA No. _____ Account No. _____

This authorization will remain in full force and effect until I.U.P.A. has received 30 days' written notification of the intent to either revoke this authorization, terminate I.U.P.A. membership, or both. The discontinuance of the payments authorized herein are strictly prospective. The member is responsible to confirm the successful cessation of these deductions and in no event will the failure to verify successful termination result in more than 30 days maximum reimbursement in the event of an inadvertent continuation of the stated deductions.

Signature: _____ Date: _____

Return completed application to the address above.

*Drafts are completed on or about the 8th day of each month and apply only to the calendar month in which they are drafted. There are no refunds for partial months of membership. Transactions may be presented more than once in the event of a declined dues transaction. Fees for declined dues transactions will be reverse billed to the member.

For Internal Use Only		
Batch #	Date Received:	Processed: