

**International Union of Police Associations I.U.P.A.
1549 Ringling Blvd. 6th Floor, Sarasota, FL 34236**

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

From Checking or Savings Account

Name _____ SSN# _____

Local Name: Kingsport Coalition of Police Local 168

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

E-Mail _____

I (we) hereby authorize the International Union of Police Associations I.U.P.A., hereinafter called **COMPANY**, to initiate debit entries to my (our) ☐ **Checking** ☐ **Savings** Account (select one) indicated below and the bank named below, hereinafter called **BANK**, to debit same to such account.

Bank Name _____ Branch _____

City _____ State _____ Zip _____

Bank Transit/ABA No. _____ Account No. _____

Authorized Amount to Be Debited: ☐ **\$35.00 monthly** (*check box*)

Please attach a voided check to this form.

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

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. Let's take the month of January as an example: dues for the month of January will be debited from your account on or about January 8th. That payment covers you for the entire month of January from January 1st – 31st. There are no refunds for partial months of membership. Transactions will be presented twice in the event of a declined dues transaction. The I.U.P.A. is not responsible for any fees associated with declined dues transactions.

For Internal Use Only		
Batch #	Date Received	Processed