



ATTENTION FLORIDA P.B.A. MEMBERS:

*For your convenience, we offer an Automatic Bank Draft Plan.
Pay Your Dues Each Month Without Writing a Check!*

Your Florida Police Benevolent Association, Inc.'s Bank Draft Plan (Payment Automatically Transferred), is the easiest way to make your payment. Together, we arrange with your bank to have your monthly charges for membership dues deducted directly from your checking or savings account on the 5th of each month. This hassle free method of payment means one less check to write, one less stamp to buy, and one less envelope to mail each and every month.

Please keep this top portion handy as a reminder to deduct \$_____ for your membership dues out of your checking or savings account on the 5th of each month.

*Simply complete the form below,
print it, sign it, tear on the perforation,
attach a voided blank check or a
deposit slip and mail to:*



Florida Police Benevolent Association, Inc.
Membership Department
300 East Brevard Street
Tallahassee, Florida 32301

(RETURN THIS ENTIRE BOTTOM SECTION)

NOTE: TO ENSURE PROPER BANK CODING, PLEASE ATTACH A VOIDED BLANK CHECK OR DEPOSIT SLIP.

Enter your *Bank Routing Code* and *Bank Account Number* from the bottom of your check (as shown here) on the Bank Draft Authorization Card below.

⑆ 123456789	⑆ 1234567890123 ⑈
Bank Routing Code	Bank Account Number

FLORIDA POLICE BENEVOLENT ASSOCIATION, INC. BANK DRAFT PROGRAM AUTHORIZATION CARD

I authorize Florida Police Benevolent Association, Inc. to begin making monthly deductions from my checking or savings account for payment of my membership dues and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three days before my account is charged.

NAME (Full): _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BANK NAME: _____ *Bank Routing Code:* _____ *Bank Account Number:* _____

BANK ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NAME(S) AS SHOWN ON THIS ACCOUNT: _____

X SIGNATURE OF APPLICANT _____ DATE _____ **X** SIGNATURE OF CO-APPLICANT (if necessary) _____

OFFICE USE ONLY

DATE RCVD:	CH/CP NO.:	BANK DRAFT DATE:	DUES AMOUNT:	FED PAC:	ACCOUNTING DEPARTMENT:	
					DATE:	BY: