



**DIRECT PAYMENT (DEBIT) AUTHORIZATION**  
(Recurring - Variable Amount)

I (we) hereby authorize Harold C. Enloe, NC FOP Lodge #1, (hereinafter called "Company"), to initiate debit entries and, if necessary, debit correction and adjustment entries to my (our) account at the financial institution listed below.

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Financial Institution

Branch

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Address

City

State

Zip

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Routing & Transit Number

Account Number

Account Type (Circle appropriate type)  Checking  Savings

Amount / Range to Debit : \$ 17.00 . Date to Debit : 5th of each month .

**Recurrence: Monthly**

- **Attach a voided check or Financial Institution Account Verification Letter to this form**

I/we understand that should the regularly scheduled debit amount vary above the set range, we will receive written notification of the new amount no later than ten (10) calendar days before the scheduled transfer date. If the scheduled date of the debit changes (other than for a weekend or holiday where the debit shall occur on the following banking date), I (we) will receive written notice no later than seven (7) calendar days before the new scheduled transfer date.

*This authority is to remain in full force and effect until Company has received written notification from me (the "Account Holder") of the termination of such authority in such a time and manner as to afford Company a reasonable time to act upon it.*

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Account Holder Signature

Account Holder Signature

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Print Name

Print Name

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Date

Date