



# COLORADO FRATERNAL ORDER OF POLICE NON-DUTY LEGAL DEFENSE FUND PLAN

P.O. Box 2292 • Loveland, Colorado 80549  
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## ACH - PAYMENT AUTHORIZATION FORM

LODGE #:

DATE:

### MEMBER INFORMATION: (Please Write Legibly)

FULL NAME:

FULL ADDRESS:

EMAIL (PERSONAL):

HOME #:

CELL #:

WORK #:

I hereby authorize the Colorado Fraternal Order of Police OFF-DUTY PLAN to withdraw membership dues in the amount of \$15.00, on the 15th of every month, from the account listed below.\*

Signature:

\*Cost of Plan membership is \$180.00 per calendar year REGARDLESS the month membership is established; i.e., if membership is established in May, the initial dues withdrawal will be \$75; thereafter, dues withdrawals will be \$15 per month.

### BANKING INSTITUTION INFORMATION: (Please Write Legibly)

BANK NAME:

BANK ADDRESS:

CITY, STATE, ZIP:

ROUTING NUMBER:

ACCOUNT NUMBER:

PLEASE DOUBLE CHECK ROUTING & ACCOUNT NUMBERS TO INSURE ACCURACY

\*\*Note: ONLINE APPLICATION ENTRY ALSO REQUIRED TO ACTIVATE MEMBERSHIP -- A [link to the Online Application](http://www.coloradofop.org) can be found at the Colorado State FOP website: [www.coloradofop.org](http://www.coloradofop.org)

A Proud Tradition in Law Enforcement

