

**REQUEST FOR SAVE-A-CHECK PRE-AUTHORIZED PAYMENT PLAN**  
**Florida Association of State Troopers, Inc.**

The Save-A-Check Payment Plan allows you to authorize the Association designated above to deduct payment from your bank checking account to pay membership dues, using electronic transfer. The payment will appear on your monthly bank statement.

If any deduction is not honored by your bank, your membership status will be as if no dues had been paid. The Association will proceed as if the pre-authorized payment were not in effect. You may continue the SAC Plan by paying the unpaid dues as explained in the notice given by the Association. If the SAC Plan is continued and a second deduction is not honored, the Association will have the right to discontinue membership and refuse use of this plan.

I request that regular payments be drawn from my bank account by the Association in an amount sufficient to cover any membership dues included under this account.

You may request membership be discontinued any time by written notice within thirty (30) days of the next scheduled draft, to the Association office.

NAME OF ACCOUNT HOLDER \_\_\_\_\_

*Date of payment will be on the 30th day of each month*

SIGNATURE OF PAYOR \_\_\_\_\_  
*(As it appears on your check)*

Please complete this form in its entirety. **Remember to include your voided check!**

AUTHORIZATION AGREEMENT FOR SAVE-A-CHECK PRE-AUTHORIZED PAYMENTS  
Florida Association of State Troopers, Inc.

\_\_\_\_\_ X \_\_\_\_\_  
(Date) (Signature as it appears on your check)

Account Number: \_\_\_\_\_ Name on Account:(print) \_\_\_\_\_

I hereby authorize the Florida Association of State Troopers, Inc. ("the Association") to initiate debit entries by electronic means to my bank account indicated above, and the Bank named below to debit the same to such account.

This authority is to remain in full force and effect until the Association and Bank have received written notification from me of its termination in such time and in such manner as to afford the Association and Bank reasonable time to act on it.

PLEASE PRINT

\_\_\_\_\_  
(Bank Name)

\_\_\_\_\_  
(Bank Address)

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
(Bank Phone)

This deduction will be made monthly/yearly.

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(This notice is in accordance with requirements of federal law)

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*Date of payment is the 30th day of each month*

SIGNATURE OF PAYOR \_\_\_\_\_