



**THIN BLUE LINE OF MICHIGAN
AUTOMATIC BILL PAYMENT AUTHORIZATION FORM (ACH DEBITS)**

AUTOMATIC PAYMENT TO BE MADE TO: THE THIN BLUE LINE OF MICHIGAN (the "Payee")

ADDRESS FOR AUTOMATIC PAYMENT TO BE SENT: P.O. Box 415, Howell, MI 48844-0415

DATE OF AUTHORIZATION: _____

Effective date, _____, I authorize and direct the "Payee" to initiate debt entries to my _____ (Bank Name) account indicated below to pay amounts due on my Payee account as specified below. This authorization will remain in effect until the Payee receives written notice of termination from me in such time and such manner as to afford the Payee a reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the United States laws.

THIS AUTOMATIC BILL PAYMENT AUTHORIZATION TERMINATES ANY PREVIOUS AUTHORIZATION RECEIVED BY THE PAYEE FROM ME.

PAYEE (THE THIN BLUE LINE OF MI) CHECKING ACCOUNT NUMBER: **27842760**

MONTHLY AMOUNT TO PAYEE: \$ _____ (DEBITED ON FIRST OF EACH MONTH)

PERSONAL BANK ACCOUNT INFORMATION:

BANK NAME: _____

ROUTING NUMBER OF BANK: _____

CHECKING ACCOUNT NUMBER: _____

CUSTOMER AUTHORIZATION:

CUSTOMER SIGNATURE: _____

PRINT NAME: _____ DATE: _____

TAX ID NUMBER, EIN OR SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DEPARTMENT: _____ TELEPHONE: () _____

EMAIL ADDRESS: _____

***ATTACH A VOIDED CHECK OR A DEPOSIT TICKET FOR ACCOUNT VERIFICATION TO YOUR BANK!**

****PLEASE FORWARD A COPY OF THIS FORM TO THE THIN BLUE LINE OF MICHIGAN AT THE ABOVE ADDRESS FOR VERIFICATION OF INFORMATION AND DATA.**

*****ANY QUESTIONS, PLEASE CONTACT SCOTT OF THE THIN BLUE LINE OF MICHIGAN AT (517) 540-6570 OR FAX FORM TO (517) 540-6573.**

THANK YOU FOR YOUR SUPPORT AND CONTRIBUTION!