



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

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

ADDRESSES FOR FORM TO BE SENT: P.O. Box 532133, Livonia, MI 48153
KELLY@TBLOFMI.COM, OR FAX TO (313) 740-7896

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 AUTHORIZATION TERMINATES ANY PREVIOUS AUTHORIZATION RECEIVED BY THE PAYEE FROM ME.
PAYEE (THE THIN BLUE LINE OF MI) CHECKING ACCOUNT NUBER: 27842760

MONTHLY AMOUNT TO PAYEE: \$ _____ (DEBITED FIRST WEEK 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, EIN, OR SOCIAL SECURITY NUMBER: _____

CUSTOMER ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DEPARTMENT (or place of employment): _____

CUSTOMER PHONE NUMBER: _____

CUSTOMER E-MAIL ADDRESS: _____

* PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP FOR ACCOUNT VERIFICATION TO YOUR BANK

** FORWARD A COPY OF THIS FORM AND VOIDED CHECK TO THE THIN BLUE LINE USING THE ADDRESSES ABOVE

Thank you for your support and contribution!