



FRATERNAL ORDER OF POLICE

LEGAL DEFENSE PLAN APPLICATION AND BANK DRAFT NOTIFICATION FORM

MEMBERSHIP ENROLLMENT INFORMATION

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip Code _____
Home Telephone: _____
Social Security Number: _____ DOB: _____
Lodge Number: _____ Email Address: _____

PAYMENT ARRANGEMENTS

Check One: I do wish to participate in the bank draft (complete bank draft section)
 I do not wish to participate in the bank draft (complete other payment section)

BANK DRAFT CONFIGURATION

\$45.00 will be deducted each quarter from the account which you indicate below.

Name of Bank: _____ Date to begin Draft: _____
Routing Transit Number: _____ Account Number: _____
Checking or Savings Account: (check one) Checking Savings

OTHER PAYMENT OPTIONS

Make all annual payments payable to the SC Fraternal Order of Police Legal Defense Plan

Check or money order enclosed in the amount of \$180.00 check / money order # _____

By not participating in a bank draft I agree to make annual payments to the SC Fraternal Order of Police Legal Defense Plan. I also understand that I will not receive notification and that my annual payment will be do the first of September every year. I also understand that I may start my bank draft later if I so choose.

Drafts will be in the amount of my current payment to the South Carolina Fraternal Order of Police Legal Defense Plan.

I hereby agree to keep on deposit in the above account sufficient funds to pay such drafts and to indemnify the South Carolina Fraternal Order of Police and Newberry Federal, SC from any loss whatsoever arising from an overdraft of my account with the above stated institution. Should the Fraternal Order of Police sustain any loss, they may charge same against any account I have with or take other steps to make collection as they deem necessary.

Signature of member: _____ Date: _____