



Authorization for Direct Dues Payment Form (ACH)

I authorize the Association of Colorado State Patrol Professionals (ACSPP) to initiate variable entries and automatically withdraw my ACSPP Membership Dues, Legal Defense Fund premium, and any applicable supplemental insurance premiums out of one of my accounts, indicated below:

Checking Account No. _____

Financial Institution's Name: _____

Financial Institutions Address: _____

Attach a voided check below. This authority is to remain in full force and effect until the ACSPP has received written and signed notification from me of its termination in such time and manner as to afford the ACSPP a reasonable opportunity to act on it.

Member Signature _____ Date _____

Member Printed Full Name _____

Member Personal Email _____

Authorized person(s) with whom we can discuss Membership account information with, if applicable:

_____ Relation: _____

Attach Voided Check Here

Please complete and include with Member Application packet, or and mail changes to:

Association of Colorado State Patrol Professionals
55 Wadsworth Blvd.
Lakewood, CO 80226

Contact Us:
Office: 303-237-7439
Toll Free: 1-800-426-1224
Fax: 303-237-2067
www.acspp.net