

**AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENT OF  
LIFETIME RETIRED MEMBERSHIP DUES (18-19)**

**MFPE, 1232 E 6<sup>th</sup> Street, Helena, MT 59601**

**AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)**

I (we) hereby authorize MFPE to initiate debit entries to my (our) checking account indicated below and the bank named below, hereinafter called BANK, to debit the same to such account. I (we) will not hold our BANK liable for any erroneous debits made by the MFPE.

NAME OF BANK CUSTOMER (EXACTLY AS CHECKS ARE SIGNED)	YOUR ACCOUNT NUMBER
FULL NAME OF BANK	BANK ROUTING NUMBER (9 DIGITS)
BANK ADDRESS, CITY, STATE, AND ZIP CODE	

This authorization is to remain in full force and effect until MFPE and BANK have received payment in full on the amount agreed upon below. Should this agreement not be fulfilled to completion MFPE has the right to terminate the Lifetime Retired membership without further notice. All amounts paid are non-refundable and non-transferable.

DATE COMPLETED	SIGN AS YOU SIGN YOUR CHECKS	SOCIAL SECURITY NUMBER
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CURRENT YEAR INFORMATION	
ADDRESS _____	LOCAL NAME _____
_____/_____ ZIP	LOCAL # _____
TELEPHONE NO. (____) _____	HOME EMAIL _____

Total Obligation            \$ 450.00

Monthly Payment Amount    \$ \_\_\_\_\_    Please note - Deductions will be made on the 10<sup>TH</sup> day of each month.

Number of monthly payments \_\_\_\_\_  
Maximum 12 months (all payments must be received within one MFPE fiscal year 9/1 thru 8/31)

**ATTACH VOIDED CHECK HERE - This authorization will not be accepted unless a voided personal check is attached.**