



Retiree Dues

Automatic Checking/Savings Withdrawal Authorization Form for OkACTE/ACTE Dues and MBP Member Deaths

I (_____) hereby authorize OkACTE/CCOSA to initiate electronic debit entries to my:
Please Print

Last 4 of SS (_____)

Direct Payment Withdrawal (ACH) checking account savings account

Please set up an ACH (Direct Payment Withdrawal) for: OkACTE/ACTE dues MBP Member Program
• Membership in the MBP program is contingent upon OkACTE membership.

**The dues withdrawal will occur in September each year. The MBP withdrawals will occur upon each death.
There will be a .50 fee per transaction.**

Any payments declined will incur an additional \$25.00 fee.

Financial Institution Name (PLEASE PRINT) _____

FINANCIAL INSTITUTION CITY AND STATE _____

FINANCIAL INSTITUTION ROUTING NUMBER (ABA) _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____

SIGNATURE (Required) _____ DATE _____

Direct Payment Authorization Form (ACH)

We are pleased to offer you this service (Direct Payment Plan). You can have your dues payment deducted automatically from your checking or savings account and you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It saves time - fewer checks to write and mail
- It's easy to sign up for, easy to cancel.

Here's how the Direct Payment Plan works: You authorize dues to be paid yearly from your checking or savings account. Your payments will be made automatically on the specified day. And proof of payment will appear on your statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. The Direct Payment Plan is secure, convenient and easy. To take advantage of this service, complete this authorization form and return it to us.

All you need to do is:

- 1) Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
- 2) Fill in your name, last 4 of your Social Security Number, financial institution name and location, and date.
- 3) Attach a voided check or deposit slip for verification of all financial institution information. If you are unable to attach the voided check or deposit slip, please fill in your account number and routing number.
- 4) **NOTE: Be sure to sign the form! Please complete the information above, attach your check or deposit slip and mail to:**

OkACTE, 2801 N Lincoln Blvd, Suite 130, Oklahoma City, OK 73105

Please update my information with OkACTE!
See back of this form for updates.



Personal File Update

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____

Beneficiary: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____