



# Peace Officers of California Membership Application

New Member  
 Update

## Applicant Information

Name:				
	First	Middle Initial	Last	
Address:			State	Zip
	Street	City		
Contact:				
	Work E-mail	Personal E-Mail		
	Work Phone	Home Phone		
			XXX-XX-	
	Cell Phone	Date of birth	Social Security Last 4	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried
Job Title:				
Agency:				
	Full name of employing agency			
Office:			State	Zip
	Street	City		

Peace Officer ID / Badge Number \_\_\_\_\_

## Electronic Funds Transfer Authorization Form

Schedule a secure and convenient fund transfer and hereby apply for membership in Peace Officers of California at the following level:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> <b>Member</b><br>w/ Legal Defense<br>\$30 mo. | <input type="checkbox"/> <b>Member</b><br>No Legal Defense<br>\$15 mo. | <input type="checkbox"/> <b>Associate</b><br>For Non-Member<br>(Supervisors)<br>Legal Defense<br>\$25 mo. | <input type="checkbox"/> <b>Retired</b><br>\$10 mo. |
|--|--|---|---|

I authorize you to perform electronic funds transfer (debits and / or credits) from the account identified for payments due or when applicable, and apply electronic funds transfer credits to the same.

For accounting purposes, all electronic debits will be reflected on the monthly bank statement that corresponds with the financial institution account identified.

DATE: \_\_\_\_\_ Signature: \_\_\_\_\_

This authorization is to remain in full force and effect until P.O.C. has received written notification of its termination in such time and in such manner as to afford P.O.C. reasonable opportunity to act upon it, or until the term of authorization expires. Any such notice should be sent to: P.O.C., PO Box 631, Sacramento, CA 95812.

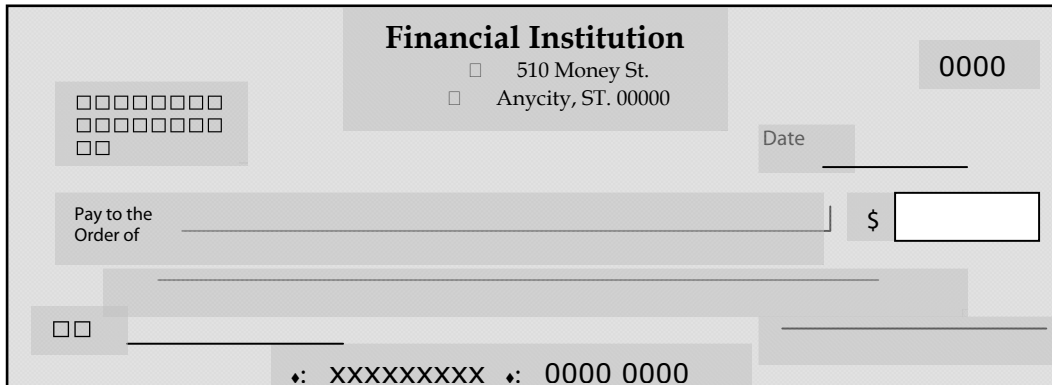
Financial Institution account \_\_\_\_\_ "identifying information:" \_\_\_\_\_

Enter your financial institution account information in the fields provided below, or attach a blank VOIDED check by writing 'VOID' across it.

Complete or attach Blank VOID Check here .	Financial institution:	Branch:	
	City:	State: ZIP	CODE:
	Transit/ABA (Routing)#	Account Type f7\YW 6cl #. ]` ]bL and # ..[Checking] ...[Savings].....[ ] #	

Need help identifying your Transit/ABA# and Account #? Please see below for an explanation diagram.

Example



This is the 9 digit Transit / ABA Bank Routing number.

The account number is usually to the right of the Routing number. Some Financial Institutions add the check number between the Routing and Account numbers.

**Please fill out both pages and send to:**

**P.O.C.  
 PO Box 631  
 Sacramento, CA 95812**

**P.O.C.  
 FAX 916-266-6456**

**P.O.C.  
 VSanchez@PeaceOfficers.Org**