



PROFESSIONAL FIRE FIGHTERS OF IDAHO
POLITICAL ACTION COMMITTEE
DIRECT DEBIT AUTHORIZATION FORM

NAME _____

ADDRESS: _____ CITY/ZIP _____

LOCAL #: _____ PHONE #: _____

I/we hereby authorize The Professional Firefighters of Idaho to initiate debit entries to my/our [] Checking [] Savings account (select one) as indicated below, and the financial institution named below ("Bank"), to debit same to such account.

Local #1565 PAC _____

PFFI PAC _____

IAFF FirePAC _____

BANK NAME: _____ BRANCH: _____

ADDRESS: _____ CITY/ZIP: _____

PHONE #: _____

ROUTING (ABA) #: _____

ACCOUNT #: _____

This authority is to remain in full force and effect until The Professional Firefighters of Idaho D. L. Evans Bank have received written notification from me (or either of us) of its termination in such time and in such manner as to afford The Professional Firefighters of Idaho and D. L. Evans Bank a reasonable opportunity to act on it.

NAME (S): _____

I

SIGNED: _____ DATE: _____

Please attach a voided check from selected bank account here.



PROUD MEMBER OF THE INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

