



## New York State Professional Fire Fighters Association, Inc.

174 Washington Avenue, Albany, NY 12210

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E Mail: [profire@nyspffa.org](mailto:profire@nyspffa.org)

[www.nyspffa.org](http://www.nyspffa.org)

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### CHAPLAIN

**REV. JOHN TALLMAN**  
40 Collins Place  
Albany, NY 12208

Dear NYSPPFA representative,

The enclosed forms are for the volunteer authorization of an ACH. Completing the ACH forms will allow the New York State Professional Fire Fighter Association to set up direct payments from your local to us for the purpose of paying per capita dues and insurance premiums. Direct payments will be drawn on a monthly basis and will happen every 2nd Friday of the month.

An authorization for direct payment for per capita dues will be calculated based on the number of members that was authorized on the ACH form. An authorization for direct payment for insurance premiums will authorize us to take the premium amount listed on the insurance invoice on the second Friday of that month. The insurance invoice is sent at the beginning of the month to your local. If changes need to be made to the amount of payment, this office will need to be notified in writing within 5 business days prior to the second Friday of the month.

If you have any questions or concerns please feel free to contact either myself or Nicole at our office or by e-mail at [reidnic@nyspffa.org](mailto:reidnic@nyspffa.org).

Fraternally,

James J. McGowan  
Secretary/Treasurer

JJM/nr

Encls.

**LOCAL AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)**  
**For**  
**Insurance**

Direct Payment via ACH is the transfer of funds from a your local's account for the purpose of making a payment to the New York State Professional Fire Fighters Association.

We, \_\_\_\_\_

*Local Number & Name*

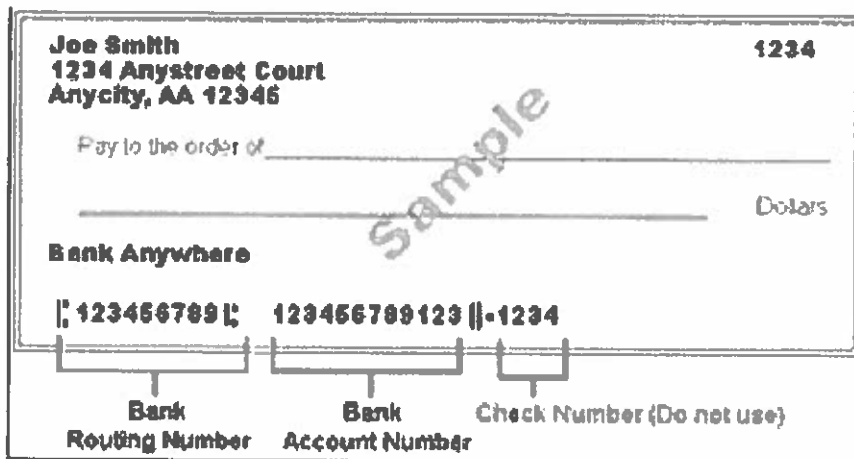
Authorize The New York State Professional Fire Fighters Association (NYSPFFA) to electronically debit our checking account as follows:

Checking Account at the local's financial institution named below:

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_



***We understand that this authorization will remain in full force and effect until we notify The NYSPFFA in writing that we wish to revoke this authorization. We understand that The NYSPFFA requires at least 15 days prior notice in order to cancel this authorization.***

Name \_\_\_\_\_ Date \_\_\_\_\_

*Please Print*

Signature \_\_\_\_\_

**LOCAL AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)**  
**For**  
**Per Capita**

Direct Payment via ACH is the transfer of funds from a your local's account for the purpose of making a payment to the New York State Professional Fire Fighters Association.

We, \_\_\_\_\_

*Local Number & Name*

Authorize The New York State Professional Fire Fighters Association (NYSPFFA) to electronically debit our checking account as follows:

Checking Account at the local's financial institution named below:

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

**Joe Smith** **1234**  
**1234 Anystreet Court**  
**Anycity, AA 12345**

Pay to the order of \_\_\_\_\_  
\_\_\_\_\_ Dollars

**Bank Anywhere**

**[ @ 123456789 ] ; 123456789123 [ ] .1234**

Bank Routing Number      Bank Account Number      Check Number (Do not use)

*Sample*

***We understand that this authorization will remain in full force and effect until we notify The NYSPFFA in writing that we wish to revoke this authorization. We understand that The NYSPFFA requires at least 15 days prior notice in order to cancel this authorization.***

Name \_\_\_\_\_ Date \_\_\_\_\_

*Please Print*

Signature \_\_\_\_\_

The following Per Capita Remittance Blank will need to be filled out in order to insure correct processing. The membership numbers that you write on this form will be used until you submit changes on this form.



# PER CAPITA REMITTANCE BLANK

LOCAL NUMBER \_\_\_\_\_

LOCAL NAME \_\_\_\_\_

\_\_\_\_\_ REGULAR PER CAPITA @ \$6.90 (*\$0.75 PAC INCLUDED*) \_\_\_\_\_

\_\_\_\_\_ INITIATION FEES @10.00 \_\_\_\_\_

\_\_\_\_\_ RETIREES @ \$3.00 \_\_\_\_\_

TOTAL \_\_\_\_\_

Fraternally,

\_\_\_\_\_

ADDRESS: \_\_\_\_\_