Authorization agreement for automatic monthly donations to the State Police Museum
(From your checking, savings or credit card account)

Organization Name: Pennsylvania State Police H.E.M.C.

Section One: Complete only if authorizing automatic monthly deductions from your checking or savings account

I hereby authorize the Pennsylvania State Police H.E.M.C, hereinafter called State Police Museum, to initiate debit entries to my (select one) _____ checking Account or _____ Savings Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origin of ACH transactions to my account must comply with the provisions of U.S. law.

Depository (Bank Name)_____   Bank Branch _____

City _____ State _____   Zip _____

Routing number _____ (Nine digit number printed near the bottom on the left side of check.) (If from savings account the nine digit number is on your deposit slip. If in doubt, please call your bank for the correct routing number)

Account number _____ (Found printed near the bottom of your check beside the Routing number.) (If from a savings account the number is next to the routing number on your deposit slip. If in doubt, please call your bank for the correct account number)

Monthly date of withdrawal _____   Monthly Amount: (please check one)   _____ $5.00   _____ monthly amount = to $_____
(e.g.1st, 15th, last day)

Section two: Complete this section if authorizing automatic monthly deductions by credit card

Credit Card Authorization Information:

Credit Card number _____   Exp. Date _____   CVS# _____

Monthly date of withdrawal_____   Monthly Amount: (please check one)   _____ $5.00   _____ monthly amount = to $_____
(e.g. 1st, 15th, last day)

Your authorization will stay in place for 48 months or until the State Police Museum receives written notification to change it.
Changes or termination will require up to 45 days to allow the Museum and your financial institution to act upon your change.

Section three: Use this section if making a one time donation via check or credit card

I will make a one time donation of $_____ at this time. (Please mark "Building Fund" in memo line.)   Check number _____

I will make a one time donation of $_____ at this time via credit card
Credit Card number _____   Exp. Date _____   CVS# _____

Section four: Please provide this information if you are making a donation
Name _____   Address _____

City _____   State_____ Zip _____

Phone number _____   Email address _____

Signature _____   Date _____

FOP Lodge Number_____ If applicable

Send this completed form to:
     PSP-HEMC
     187 E. Hersheypark Drive
     Hershey, PA 17033

Please contact the Museum at 717-534-0565 with any questions.
We thank you for your commitment to the historic preservation of the "First in the Nation" - The Pennsylvania State Police.

ACH Authorization Form Directions

Section one directions:	Complete if you are authorizing automatic monthly deductions from your checking or savings account

Check the appropriate box indicating the type of account the monies will automatically be deducted from
i.e. a checking account or a savings account

Depository (Bank Name): Enter the name of your bank where your checking or savings accounts are located, i.e. Pennsylvania National Bank

Bank Branch: Enter the bank branch name i.e. Pennsylvania National Bank Hummelstown Branch

City: Enter the city where your bank branch is located

State: Enter the State where your bank branch is located

Zip: Enter the zip code of your bank branch address

Routing number: Enter the nine digit number printed near the bottom of the left side of your check. If the account is a savings account enter the nine digit number on your deposit slip. If in doubt please call your bank for your correct routing number.

Account number: This number is located near the bottom left side of your check next to your nine digit routing number. If the account is a saving account the number is next to your nine digit routing number on your deposit slip. If in doubt please call your bank for your correct account number.

Monthly date of withdrawal: Enter the day of the month you would like the automatic withdrawal to take place. i.e 1st,15th, etc.

Monthly Amount: Check the appropriate block. There is a block for a $5.00 per month donation and a block for you to check and enter an amount other than $5.00.

Section two directions:	Complete this section if authorizing automatic monthly deductions by credit card.

Credit card number: Enter your credit card number

Exp. Date: Enter the date your credit card expires

CVS#: Enter the three digit CVS number on the back of your credit card.

Monthly date of withdrawal: Enter the day of the month you would like the automatic withdrawal to take place. i.e 1st,15th etc.

Monthly Amount: Check the appropriate block. There is a block for a $5.00 per month donation and a block for you to check and enter an amount other than $5.00.

Section three directions:	Complete this section if making a one time donation via check or credit card

If making a one time donation via check fill in the amount donated, mark building fund in the memo line of the check and enter the check number.

If making a one time donation via credit card fill in the amount, credit card number, credit card expiration date and the three digit CVS number on the back of the credit card.

Section four directions:	Complete if making any type of donation

Print name

Enter your street address, city, state, and zip code

Enter your phone number including the area code

Enter your email address if you have one and care to share it

Signature block: Please sign the form in this block

Date: Enter the date you are signing the form

FOP Lodge number: If a member of the PSTA enter your lodge number so the lodge gets credit for your donation