



The Professional Fire Fighters of Massachusetts (PFFM) now offers our affiliated Locals the ability to pay all of their financial obligations using our automatic bank draft procedure.

Locals who wish to pay using auto draft must:

1. Complete & sign this form
 2. **email along with a photo of a voided check to: autodraft@pffm.org**
- You will receive a confirmation email in 3-5 business days indicating approval in the program.

PROCEDURE:

Per Capita Dues:

On or about the 1st of the month you will receive your monthly invoice for your Per Capita Dues by email. If the number of members billed is correct, you are not required to do anything. If the number is incorrect, please email autodraft@pffm.org BEFORE the 10th of the month indicating the change and a corrected invoice will be sent to you for your records. On the 15th of the month the Per Capita Dues will be auto drafted from your account.

PAC Payments & Independent Expenditure PAC:

On or about the 1st of the month you will receive your monthly invoice for your PAC Dues by email. If the number of members billed is correct, you are not required to do anything. If the number is incorrect, please email autodraft@pffm.org BEFORE the 10th of the month indicating the change and a corrected invoice will be sent to you for your records. On the 15th of the month the PAC Dues will be auto drafted from your account.

Luncheon Assessment:

On or about the 2nd of July you will receive your annual invoice for your Luncheon Assessment by email. If the number of delegates billed is correct, you are not required to do anything. If the number is incorrect, please email autodraft@pffm.org BEFORE the 10th of the month indicating the change and a corrected invoice will be sent to you for your records. On the 15th of the month the Luncheon Assessment will be auto drafted from your account.

Special Assessments / Delegate Credentials / Special Events:

Once you have registered for the event, you will receive your invoice by email. If the number of members billed is correct, you are not required to do anything. If the number is incorrect, please email autodraft@pffm.org IMMEDIATELY indicating the change and a corrected invoice will be sent to you for your records. Auto drafts for special expenses will be conducted two (2) times a month on the 15th and the 28th.

POLICY: This service will terminate only upon written notification to the Secretary-Treasurer of the Professional Fire Fighters of Massachusetts. It is the responsibility of the Local to ensure a valid Automated Bank Draft Policy/Procedure & Agreement, signed by the Local's current bank account signatory/signatories is on file with the PFFM at all times. In the event of a signatory/signatories change, as in the case of a Local officer change, it is the responsibility of the Local to submit a new Automated Bank Draft Policy/Procedure & Agreement bearing the new signatory/signatories name and signature. Auto drafts will occur as indicated in the procedure section of this form except in the case of insufficient funds or banking errors. If an auto draft is returned for insufficient funds, one (1) subsequent attempt will be made to auto draft the funds. Additionally any and all fees associated with insufficient funds, or similar returned payments will be auto-drafted as well.

AGREEMENT: *I authorize the Professional Fire Fighters of Massachusetts (PFFM) to initiate electronic withdrawal from our checking and/or savings account listed below for: Monthly Per Capita Dues; Monthly PAC or IE PAC Dues; Annual Luncheon Assessment; for all events that our Local registers to attend to include: Delegate Credentials for the PFFM Biennial Convention; Registration for the PFFM Educational Seminar; Delegate Credentials for the PFFM Legislative Convention; Legislators Night; New Legislators Night; Other Special Convention or PFFM Events; as well as delegate ratified special assessments.*

IAFF Local Name	IAFF Local Number
Print Account Signatory Name #1 (Usually President /Treasurer. or Sec Treasurer)	Title
Sign Signatory #1	Date
Print Signatory Name #2 If 2 signatures are required	Title
Sign Signatory #2	Date

email this form with a photo of a voided check to: autodraft@pffm.org