



OKHUPAC



OKlahoma Health Underwriters Political Action Committee

Authorization Agreement for ACH Debits

\$200 \$100 \$75 \$50 \$20 \$10 Other

PERSONAL Checks made payable to: OKHUPAC

Remind me: Annually Semi-Annually Quarterly

Please forward check with this contribution form to **AND** Contributors Statement:
OKHUPAC, % Jean Miller, 5801 E. 41st St., Suite 711, Tulsa OK 74135
e-mail: jmiller@rogersbenefit.com

Name _____

Address _____

City _____ State _____ Zip _____

Business Phone _____ E-Mail _____

- I want to make a \$_____ **ONE-TIME** contribution using a **PERSONAL** check.
- I want to make a \$_____ **MONTHLY** contribution using my **PERSONAL** checking account. (Please include a voided **PERSONAL** check)
- I want to **INCREASE MY MONTHLY** contribution to \$_____ using the same **PERSONAL** checking account on file.
- I want to **MATCH** my monthly HUPAC contribution of \$_____ using my **PERSONAL** checking account. (Please include a voided **PERSONAL** check).

Routing # _____ Account No. _____

Signature _____ Date _____

NOTE: OKHUPAC will debit your account on the 21st of each month. This Authorization may be revoked at anytime with written notice to OKHUPAC. Contributions to OKHUPAC are strictly voluntary and not a prerequisite for membership in NAHU. Only NAHU members and their immediate family members can contribute to OKHUPAC. Contributions are not deductible as charitable contributions for state or federal income tax purposes. OKHUPAC can accept only **PERSONAL** contributions. Corporate contributions are prohibited by federal law.