



Insurance and Financial Advisors Political Action Committee

2901 Telestar Court; Falls Church, VA 22042; 703-770-8100 (phone)/ 703-770-8151 (fax) www.naifa.org

MONTHLY BANK DRAFT -- UPGRADE

I hereby authorize IFAPAC to withdraw from my account the amount specified below every month. This authorization will remain in effect until revoked by me in writing and, until IFAPAC receives such notice, I agree that IFAPAC shall be fully protected in honoring such withdrawals. In consideration of IFAPAC's compliance with such request and authorization, I agree that IFAPAC's treatment of each such check and IFAPAC's rights with respect to it, shall be the same as if it were signed personally by me and that if any such check be dishonored, IFAPAC shall be under no liability whatsoever even though such dishonor results in the forfeiture of IFAPAC membership.

❖ I am currently enrolled in IFAPAC's Monthly Automatic Payment Program and would like to change the monthly withdrawal amount from \$ _____ to:

(circle one):

- \$416.00 \$210.00 \$120.00 \$85.00 \$45.00
\$25.00 \$20.00 \$17.00 \$15.00 \$12.00 Other \$ _____

❖ MEMBER ID NAME (Please Print)

❖ SIGNATURE OF DEPOSITOR (as shown on bank records) DATE

❖ LOCAL ASSOCIATION NAME STATE

Contributions to IFAPAC are voluntary and contributed to candidates for federal elective office. Corporate contributions to IFAPAC's political fund are prohibited. You have the right to refuse to contribute without reprisal. Contributions are not deductible as charitable contributions for federal income tax purposes.