

IT'S FINALLY HERE!!!



OKlahoma Health Underwriters Political Action Committee "OKHUPAC"

+++BACKSIDE MUST BE COMPLETED+++

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:
OKHUPAC, C/O BETTY DOYLE, PO BOX 7677, MOORE, OK 73153-1677

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 OKHUAPC. 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 on PERSONAL contributions. Corporate contributions are prohibited by federal law.

SEND C/O BETTY DOYLE, PO BOX 7677, MOORE, OK 73153-1677
QUESTIONS? CALL AT 405 793-0893