

TEXAS STATE FARM AGENTS POLITICAL ACTION COMMITTEE (TXSFA-PAC) CONTRIBUTION CARD

P.O. Box 1002, Austin, Texas 78767

Please fax this completed form to 512-308-6450

YES, I want to support TXSFA-PAC with a contribution in the amount of:

\$10 \$25 \$50 \$100 \$_____ (other)

PLEASE COMPLETE THE FOLLOWING INFORMATION:

NAME: _____

AFO: _____

ADDRESS: _____

CITY: _____, TEXAS

ZIP: _____

PHONE NUMBER: _____ ALIAS: _____

OCCUPATION: _____

PLEASE CHOOSE A METHOD OF PAYMENT

Attached is my payroll deduction form for the State Farm FCU

Charge my credit card a one-time contribution of \$_____

Charge my credit card monthly \$_____

MasterCard Visa Discover American Express

Account #: _____ Exp. Date _____

Name of Credit Card Holder: _____

SIGNATURE:

Texas State Farm Agents' PAC (TXSFA-PAC)

State Farm Federal Credit Union Payroll Deduction Authorization

MEMBER NAME: _____

AGENT CODE: _____

MEMBER #: _____

SOCIAL SECURITY #: _____ **(Required by Federal Law)**

I hereby authorize State Farm Mutual Automobile Insurance Company to deduct the following amount(s) for deposit into the State Farm Federal Credit Union account of the TXSFA-PAC:

First Payday: \$_____ Second Payday: \$_____

These deductions are to come from my earnings. This deduction applies to the First and/or Second earnings payment each month. Contributions may be terminated at any time by notifying State Farm Federal Credit Union.

I further authorize State Farm Federal Credit Union to share any information contained on this form and any information regarding my contributions to TXSFA-PAC with TXSFA-PAC. This authorization is limited to information regarding my support for and involvement with the TXSFA-PAC and SHALL NOT be construed to include any information regarding my personal accounts with State Farm Federal Credit Union.

SIGNATURE:

DATE: _____