

Automatic Debit Contribution Form

An **Automatic Debit Contribution** is a monthly recurring payment of any amount from your personal account to the Academy's PAC bank account.

Contributions to the American Academy of Audiology, Inc. Political Action Committee (PAC) must be from personal accounts and **voluntary**.

Individual contributions are **limited to \$5,000 per year**.

Contributions are **not** deductible as charitable organizations.

Contributions will be used to support political candidates and Congressional leaders who **support** and/or are in the position to **advance audiology issues**

Contact Us:

Mail:

American Academy
of Audiology
Political Action
Committee (PAC)
11480 Commerce Park Drive
Suite 220
Reston, VA 20191

Fax:

703-790-8631

Online:

www.audiology.org

Payment Information

☐ I would like an automated monthly debit account set-up in the amount of \$ _____

Please charge my (check one):

☐ VISA

☐ MasterCard

☐ American Express

☐ Discover

I authorize the American Academy of Audiology Inc. PAC to deduct the above-mentioned sum around the 15th day of every month:

☐ Until otherwise stated.

☐ Until my method of payment is cancelled or inoperative.

☐ For a period of time beginning: _____ (mm/yr) and ending _____ (mm/yr).

NAME AS IT APPEARS ON THE CARD (PRINTED)

CREDIT CARD NUMBER

EXPIRATION DATE

CVC NUMBER

SIGNATURE

DATE

Federal law requires committees to report the name, address, occupation, and name of employer for any individual contribution.

FIRST NAME

LAST NAME

OCCUPATION TITLE

COMPANY NAME

HOME ADDRESS

ADDRESS (LINE 2)

CITY

STATE

ZIP

COUNTRY

TELEPHONE

E-MAIL

