National Association of Benefits and Insurance Professionals
Utah Chapter
NABIP
Shaping the *future* of healthcare

THE NATIONAL ASSOCIATION OF BENEFIT AND INSURANCE PROFESSIONALS UTAH POLITICAL ACTION COMMITTEE (NABIP UTAH PAC) MONTHLY CONTRIBUTION FORM

> ***Every man owes a part of his time and money to the business or industry in which he is engaged. No man has a moral right to withhold his support from an organization that is striving to improve conditions within his sphere.***
>
> ***THEODORE ROOSEVELT***

AUTOMATIC MONTHLY CREDIT CARD BILLING FOR NABIP UTAH PAC CONTRIBUTIONS

If you would like to enjoy the convenience of automatic monthly billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

CONTRIBUTOR'S INFORMATION:

Name _____ Phone _____

Email Address _____

CREDIT CARD PAYMENT INFORMATION:

I authorize The National Association of Benefit and Insurance Professionals Utah Political Action Committee to automatically bill my credit card the following amount **monthly** on the first of each month. (Please select monthly contribution amount below):

☐ $12 ☐ $20 ☐ $25 ☐ $30 ☐ $42 ☐ $50 ☐ $63 ☐ $85 ☐ $100 ☐ Other $: _____

☐ List My Name as a Contributor to NABIP Utah PAC

☐ Anonymous (please do not list my name as a contributor to NABIP Utah PAC)

CREDIT CARD INFORMATION: (PERSONAL OR COMPANY CREDIT CARDS ACCEPTED)

☐ Visa ☐ Master Card ☐ American Express

Credit Card Number _____ Expiration (Mo / Yr) _____

Cardholder's Name (As shown on credit card) _____

Credit Card Billing Zip Code _____

Security Code _____

Cardholder's Signature _____

Date _____

PLEASE EMAIL THE ENTIRE FORM TO:

NABIP Utah PAC Chair at **pac.nabiputah@gmail.com**

THANKS FOR SUPPORTING NABIP UTAH PAC & YOUR INDUSTRY!