



Authorization Agreement for Direct Credit Card Contribution to

United Postmasters and Managers of America Political Fund (UPMA PAC)

I hereby authorize United Postmasters and Managers Political Fund (UPMA PAC) to initiate a direct charge to my Credit Card as indicated below. I acknowledge that the origination of a direct transaction to my credit card must comply with the provisions of U.S. law.

Name(s) _____ (Please Print) Date _____

Address _____

City, State, Zip Code _____

UPMA Member ID Number _____

_____ **Credit Card Authorization Instructions** _____

Please apply a \$_____ transaction to my credit card below and disburse the funds directly to the UPMA PAC account held at the Signature Federal Credit Union .

___ Monthly ___ Semi-Monthly ___ Bi-Weekly ---One-Time Only

Amex Acct # _____ CVV ___ Expiration ___ / ___

Visa Acct # _____ CVV ___ Expiration ___ / ___

Master Card Acct # _____ CVV ___ Expiration ___ / ___

I understand that this credit card transaction authorization will continue based on the frequency indicated above. I may change the contribution amount or cancel the contribution in its entirety by submitting a written notification to UPMA PAC.

Authorization Signature _____

----- **FOR UPMA PAC USE ONLY** -----

Transaction Date: _____ Authorization Code _____

UPMA PAC Personnel _____