

Support the goals and purpose of Iowa Pharmacy's Political Action Committee

Iowa Pharmacy Political Action Committee IPPAC Monthly Pay – Checking/Savings

To sign up, please fill out the form below and return by the 15th of the month for withdrawals from your checking or savings to begin on the 1st of the following month.

Please make sure to attach a voided check to the form below. For a savings account withdrawal, please include the phone number of your bank so we may contact them for the correct routing number. If you have any questions, please contact Marla Mecham at 515-270-0713 or mmecham@iarx.org.

AUTHORIZATION FOR DIRECT PAYMENT – CHECKING OR SAVINGS

I authorize the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to allow you a reasonable opportunity to act on it.

Staple Voided Check Here

NAME OF FINANCIAL INSTITUTION		PHONE
CITY	STATE	ZIP CODE
YOUR NAME (PLEASE PRINT)		
ADDRESS (PLEASE PRINT)		
ACCOUNT NUMBER	CHECKING OR SAVINGS	
FINANCIAL INSTITUTION ROUTING NUMBER (9-digit number, typically on the bottom left of your check)		

On _____ (date) I authorize

Iowa Pharmacy Political Action Committee
8515 Douglas Avenue, Suite 16
Des Moines, IA 50322
P 515-270-0713

to initiate electronic entries to my personal checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address above. **(Corporate contributions are not allowed).**

Requested monthly payment amount: \$10.00 \$25.00 \$50.00 Other _____

Regular monthly payment date: 1st of every month

Authorized Signature: _____
Home Phone #: _____ Work Phone #: _____
Email Address: _____