

South Carolina State Farm Agents and Associates Political Action Committee, Inc. (SCSFAAP)  
Payroll Deduction Authorization

Member's State Farm Federal Credit Union Account # \_\_\_\_\_

Name: \_\_\_\_\_; Address: \_\_\_\_\_

Agent Code/Employee Alias: \_\_\_\_\_

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ACCOUNT NAME: South Carolina State Farm Agents and Associates Political Action Committee, Inc.

ACCOUNT NUMBER: \_\_\_\_\_

I hereby authorize and request State Farm Insurance Company to deduct each month the following amounts from my compensation and deposit same in the above-referenced State Farm Federal Credit Union account. I further authorize the Treasurer of SCSFAAP to transfer said funds to the SCSFAAP checking account.

**First Payday of the Month**\$\_\_\_\_\_ **Second Payday of the Month**\$\_\_\_\_\_

Each SCSFAAP member may contribute up to \$3,500 per calendar year.

SUGGESTED GIVING LEVELS

**Platinum** – 291.66 monthly

**Gold** - \$200.00 monthly

**Silver** - \$100.00 monthly

**Bronze** - \$50.00 monthly

Contributions at the above levels will be officially recognized by the SCSFAAP.

Agents and Employees may contribute any amount to SCSFAAP, however to be a member of the PAC, a minimum yearly contribution of \$500 for Agents, and \$50 for employees is required.

The above authorized deductions shall continue until such time as I provide 30 days written Notice of Revocation to Patty Grissom, or another Credit Union Specialist..

I authorize State Farm Federal Credit Union to provide a copy of this form, when signed by me, to SCSFAAP.

I understand that the purpose of this form is to facilitate my contributions to SCSFAAP. I understand that the purpose of SCSFAAP is to make political contributions and that I have the right to refuse to contribute to SCSFAAP without any advantage or promise of an advantage conditioned upon making a contribution or reprisal or threat of reprisal related to failure to make a contribution. I understand that my contribution is voluntary, and that I have the right to contribute more or less than the suggested contribution level (subject to statutory limitations on amounts that individuals may contribute to political committees). I understand that my contributions to SCSFAAP are not tax-deductible.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to:**

SCSFAAP

Attn: Keith Hewitt, Treasurer

P. O. Box 11408

Columbia, SC 29211

**\*DO NOT SEND THIS FORM TO THE STATE FARM FEDERAL CREDIT UNION.**