

## AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

I hereby authorize the Communications Workers of America Committee on Political Education Political Contributions Committee, hereinafter called the CWA-COPE PCC to initiate a monthly debit entry to my

Contributions Committee, 1	northantor danied the evert eer E1 ee te	miliate a monthly dobit entry to my	
	☐ Checking Account ☐ Savings A	Account	
debit the same such accou	(\$4.00 minimum) and the depository hand in this amount and in the event a debit in PCC to make a correcting entry under the	s made to my account in error, I	
	<u>IMPORTANT:</u>		
	PLEASE CHECK THE APPROPRIATE BO	X ABOVE.	
THIS AUTHOR	ZIZATION MUST BE ACCOMPANIED BY A VO FROM THE ACCOUNT TO BE DEBI		
Please complete the following	:		
DEPOSITORY:			
	(Name Of Banking Institution)		
(City)		(State)	
received written notification reasonable opportunity to a	ain in full force and effect until the CWA-COF from me of its termination in such time and ct on it.  w EnrollmentChange of Amount	in such manner as to afford the parties a	
(Employee Signature)		(Date)	
(Print Name)	<del></del>	(E-mail Address)	
(Mailing Address)	(City)	(State / ZIP)	
(Name of Employer)	(Occupation)	(Social Security Number)	
LOCAL NUMBER			
<ul> <li>The signing of this author membership in the union</li> <li>I am making a contribution political purposes, including for federal, state and locates</li> <li>Federal law requires us to name of employer of individuals</li> </ul>	ly made based on my specific understanding that rization card and the making of contributions to nor of employment with the Company and that on to CWA-COPE PCC and understand that the ing but not limited to, the making of contributions all offices and addressing political issues of public ouse our best efforts to collect and report the not viduals whose contributions exceed \$200 in a caccious course.	CWA-COPE PCC are not conditions of I may refuse to do so without fear of reprisal. CWA-COPE will use my contributions for s to or expenditures on behalf of candidates ic importance. ame, mailing address, occupation and the alendar year.	

## REMEMBER - PLEASE ATTACH VOID CHECK or DEPOSIT SLIP

RETURN TO: CWA-COPE PCC

Attn: Krystal Dehaba, COPE Specialist

501 THIRD STREET, NW WASHINGTON, DC 20001-2797

Original – International Copy - District/Sector Local



## CWA-COPE MEMBERSHIPS

Name (please print)		Date		
Home Address				
City	StateZip			
E-Mail	CWA Local			
(Please select the mem	bership level that applies to	you, by circling the gift you	would like to receive.)	
MEMBERSHIP CLUB \$1/WEEK Tumbler	PLATINUM QUORUM \$5/WEEK Stadium Blanket or Mag-Lite Solitaire	TRIPLE QUORUM \$7/WEEK  Multi-Tool or 12-Pack Cooler	PRESIDENT'S CLUB \$10/WEEK Men's Watch or Women's Watch	
Methods of Payment: (Please choose one.)  1. Check or Money Order made payable to CWA-COPE PCC in the amount of \$ (enclosed)  2. Deductions by employer from paycheck of \$ per week.				
	For CWA District	Office Use Only		
Date sent to Headquar	Louis			

A copy of our report is filed with the Federal Election Commission and is available from the Federal Election Commission, Washington, D.C. Contributions or gifts to CWA-COPE and CWA-COPE PCC are voluntary and are not deductible as charitable contributions for federal income tax purposes.





## Incentive Award Program Participant

Please accept a gift from the appropriate level as a "Thank you" for supporting CWA-COPE.

Membership Club \$1/week



Tumbler

Platinum Quorum \$5/week



OR



Mag-Lite Solitaire

Triple Quorum \$7/week



Multi-Tool

OR



President's Club \$10/week



Men or Women's Watch