UTAH ASSOCIATION OF HEALTH UNDERWRITERS

the Utah Association of Health Underwriters Political Action Committee (HUPAC)

Monthly Contribution Form

NAHU National Association of Health Underwriters

"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 HUPAC 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 Utah Association of Health Underwriters PAC to automatically bill my credit card the following amount ***monthly*** on the first of each month (PLEASE SELECT MONTHLY CONTRIBUTION AMOUNT BELOW):

☐$10 ☐$15 ☐$20 ☐$25 ☐$30 ☐$40 ☐$50 ☐$75 ☐$100 ☐Other $_____

☐ List My Name as a Contributor to HUPAC
☐ Anonymous (please do not list my name as a contributor to HUPAC)

Credit Card Information: (Personal or Company Credit Cards Accepted)

☐ Visa ☐ Master Card ☐ American Express _____ Credit Card Number _____/_____ (Mo / Yr) Expiration

_____ Cardholder's Name (As shown on credit card) _____ Credit Card Billing Zip Code

_____ Cardholder's Signature _____ Date

Please mail, fax, or email this entire form to:

Matt Spencer, (HUPAC Chair)
Association Health Plans
PO Box 520928,
Salt Lake City Utah
84152-0928
Ph: (801) 463.0330
Fax: (801) 463.0509

Thanks for Supporting UAHU and Your Industry!