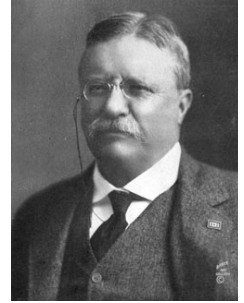




The Utah Association of Health Underwriters Political Action Committee (HUPAC) Monthly Contribution Form



“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 \_\_\_\_\_ / \_\_\_\_\_ (Mo / Yr)

\_\_\_\_\_ Credit Card Number \_\_\_\_\_ Expiration

Cardholder’s Name (As shown on credit card) \_\_\_\_\_ Credit Card Billing Zip Code \_\_\_\_\_ 3 Digit Security Code if Using a Company Card \_\_\_\_\_

Cardholder’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Justin Bendler (HUPAC Chair)
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Salt Lake City, UT 84111
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Please mail, fax, or email this entire form to:

Thanks for Supporting UAHU and Your Industry!