ALABAMA ACADEMY OF RADIOLOGY PAC
ALRAD PAC

AUTHORIZATION FORM FOR BANK DRAFT OF RECURRING
CONTRIBUTION AMOUNTS TO ALRAD PAC

I, the undersigned, a member in good standing of the Alabama Academy of Radiology (the "Academy"), do hereby authorize and direct the Alabama Academy of Radiology PAC ("ALRAD PAC") to withdraw the sum of $40.00 per month (or if another amount: $_____ per month) from my personal banking account on a recurring basis for use as a political contribution. In making this election, I hereby acknowledge my understanding that my contribution amount is purely voluntary, that I am free to contribute more or less than the suggested amount, that I have the right to refuse to contribute without reprisal, and that neither the Academy nor ALRAD PAC will favor or disadvantage me by reason of the amount of my contribution or my decision not to contribute. I understand that my contribution amount will continue to be deducted from my personal banking account on a monthly basis until I notify the PAC in writing of my desire to cancel my contribution amount, which I may do at any time.

By signing this form, I am hereby agreeing to make voluntary political contributions to ALRAD PAC in the above stated amount by way of recurring draft from my below stated banking account until such time as I notify ALRAD PAC in writing that I no longer wish to so contribute.

_____
Name

_____
Street Address City State Zip

_____ _____
Telephone Number E-mail Address

_____ _____
Bank Branch

_____ _____ _____
City State Zip

_____ _____
Routing Number Account Number
***Please attach a copy of a voided check.

_____ _____
Signature Date

Note: Contributions to ALRAD PAC are not deductible
as charitable contributions for federal income tax purposes.

******The purpose of ALRAD PAC is to fund and support candidates for Alabama state and local public office who support the interests of radiologists and the profession of radiology. ALRAD PAC thanks you for your support.******