

**ALABAMA ACADEMY OF RADIOLOGY PAC  
ALRAD PAC**

**EMPLOYER INSTRUCTIONS FOR PAYROLL DEDUCTION**

Thank you for agreeing to participate in the Alabama Academy of Radiology PAC's payroll deduction program for political contributions to the PAC by members of the Alabama Academy of Radiology (the "Academy"). In order to establish and administer this payroll deduction program, please follow the below instructions:

1. Each of your employees who are members of the Academy and who desire to contribute to the PAC via payroll deduction will complete an authorization form for payroll deduction. A copy of this authorization form will be provided to you so that you may enroll that employee in your payroll deduction program.
2. You will establish a dedicated account on your books for recordation of the authorized deductions from your employees' paychecks. Each month as deductions are made from participating employees' paychecks, you will credit the aggregate amount deducted from such employees' paychecks to this account.
3. Upon completion of each month's payroll deduction, you will mail a check to the PAC in the aggregate amount of all contributions deducted by you from participating employees' paychecks for that month and credited to your dedicated account.
4. For your efforts in administering this payroll deduction program, the PAC will reimburse you your actual costs of such administration. In order to be reimbursed for these costs, please mail an itemized statement of costs to the PAC at the end of each calendar year, along with a request for reimbursement. Provided the PAC finds the request in order, the PAC will reimburse you your claimed costs for the year.
5. All correspondence, payments and inquiries relating to your payroll deduction program should be made to Dr. Mark H. LeQuire, Treasurer, Alabama Academy of Radiology, 2055 Myrtlewood Drive, Montgomery, Alabama 36111, telephone (334) 467-6190.

By signing these instructions, you are hereby acknowledging receipt of these instructions for use in establishing and administering your payroll deduction program for the benefit of your employees who wish to participate in the program.

Date: \_\_\_\_\_

\_\_\_\_\_  
EMPLOYER

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_