ALABAMA ACADEMDY OF RADIOLOGY PAC
ALRAD PAC

AUTHORIZATION FORM FOR PAYROLL DEDUCTION 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 my employer, the below named medical practice to withdraw the sum of $40.00 per month (or if another amount: $_____ per month) from my paycheck and to promptly transfer such amount to the Alabama Academy of Radiology PAC 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 paycheck on a monthly basis until I notify ALRAD 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 payroll deduction 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

_____
Employer (authorized to payroll deduct)

_____
Street Address City State Zip

_____ _____
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 interests of radiologists and the profession of radiology. ALRAD PAC thanks you for your support.* *****