

**Nebraska Association of Nurse Anesthetists Political Action Committee
Automatic Payments**

As a convenience to me, I hereby authorize the Nebraska Association of Nurse Anesthetists Political Action Committee (NANAPAC) to charge my account (checking or credit card) for payment of my pledge in the amount and for the purposes specified on this form.

This is my personal account as required by state regulations.

Automatic Monthly Withdrawal from Checking:

Name as shown on Deposit Account: _____

Deposit Account #: _____

Bank Name: _____ Bank Routing #: _____

Automatic Monthly Charge on Credit Card:

Name as it appears on Credit Card: _____

Account #: _____ Expiration Date: __/__/____ CSC: _____

Signature: _____

Billing Address for Credit Card: _____

Email payment receipt to: _____

I further agree to the terms and conditions stated below:

1. In the event I want to cancel this authorization, I will provide a written notice to the NANA PAC at 3901 Normal Blvd, Ste 100, Lincoln, NE 68506.
2. If the specified account does not have sufficient available funds on deposit on the day that the NANAPAC attempts to deduct the payment, the NANA PAC shall determine whether or not the deduction is attempted one or more additional times.
3. The date of the payment will be on or around the 20th of each month.
4. The amount to be paid each month to the NANAPAC is \$_____.

Signature

Date