Committee of Florida Agents (COFA) <u>Payroll Deduction Enrollment Form</u>

Agent Name		Sales Territory	
Agent Address		City/Zip	
I	would like to make a mo	onthly contribution through payroll deduction:	
	☐ Platinun	n \$100 🗌 Gold \$75 🔲 Silver \$50	
You Ml	•	FA payroll deduction authorization below. mber and provide your Credit Union account # to participate.	
· * * * * * * * * * * * * * * * * * * *		rida Agents are NOT deductible for Federal income tax purposes.	
	Payroll De	eduction Authorization	
Member's State	Farm Federal Credit Uni	on Account #	
Member Name		Agent Code:	
ACC	OUNT NAME: <u>Committee c</u>	of Florida Agents ACCOUNT NUMBER: 2877190	
leposited into the State	e Farm Federal Credit Union i designated by the Board and s	e Company to deduct the following amount from my compensation to be into the aforementioned Account Name and Number. I further authorize an submitted to the State Farm Federal Credit Union) to withdraw such funds, as	
	First Payd	ay (15th) \$	
urther written notice fr and any information req upport for and involve	om me. I further authorize Stagarding my contributions to Comment with COFA including the	reafter earned by me. Continue these deductions to the COFA account until ate Farm Federal Credit Union to share any information contained on this form OFA with COFA. This authorization is limited to the information regarding my ne authorization to transfer COFA funds to other banking institutions for the to include any information regarding my personal accounts with State Farm	
Signature		Date	
	Please email to:	membership@agentscommittee.org	
	OR fax to:	727-726-3265	
	OR mail to:	c/o Craig Duncan Agency 2454 N McMullen Booth Rd, Ste 421 Clearwater, FL 33759	

*DO NOT SEND THIS FORM TO THE STATE FARM FEDERAL CREDIT UNION