

Compensation Deduction Request Form (Associate PACs)

PAC Name **Committee of Florida Agents (COFA)**

PAC State Farm Federal Credit Union Account # 2877190

Agent/Associate Name _____

Agent/Associate Member and Account # (i.e. 9999999.S1) _____

I authorize State Farm Federal Credit Union, on behalf of COFA, to request a deduction from my salary or compensation to apply and/or deposit to the COFA account shown below in the following amounts:

First Pay Period \$ _____ **Second Pay Period \$** X- not available

2877190 PAC Account Member #

I also authorize an officer of the COFA (as designated by the COFA Board and submitted to State Farm Federal Credit Union) to withdraw such funds, as necessary for the benefit of the COFA. These deductions apply to the first and second pay periods of each month, and will continue until I request otherwise. I may terminate the deductions at any time by notifying State Farm Federal Credit Union.

I further authorize State Farm Federal Credit Union to share the information contained on this form and any information regarding the deductions from my salary or compensation applied and/or deposited to COFA account with COFA. This authorization does not allow for State Farm Federal Credit Union to share information regarding my personal and other accounts with State Farm Federal Credit Union to COFA.

Signature: _____

Date: _____

Upon completing this form, please return using one of the methods listed below:

EMAIL: membership@agentscommittee.org

FAX: (727) 726-3265

MAIL: Craig Duncan Agency, 2454 N McMullen Booth Rd, Ste 421, Clearwater, FL 33759