

Payroll Deduction Authorization Form



I understand the need for PTPAC to be in a strong position to help candidates who are responsive to the physical therapy profession's goals and viewpoints. Enclosed is my PT-PAC contribution of:

\$ _____ × 24 pay periods = \$ _____ (annually)

(Fill in the amount you wish to give per pay period.)

Amount Per Pay Period	Annually
\$2	\$48
\$4.17	Century Club (= \$100.08)
\$10.42	Capitol Club (= \$250.08)
\$20.84	Eagle Club (= \$500.16)
\$41.67	Double Eagle Club (= \$1,000.08)

I hereby authorize _____ to deduct the amount shown above from my paycheck and remit to the Physical Therapy Political Action Committee of APTA (PTPAC). I further understand that I may cancel my payroll deduction at any time by sending notification, in writing, to:

_____.

Signature _____ Date _____

I am a U.S. Citizen or Permanent Resident

Name _____

Address _____

City _____ State _____ Zip _____

Thank you for choosing to support PTPAC. Please return your completed form to:

_____.

Contributions to PTPAC are not tax deductible as charitable contributions. Contributions are voluntary. Your contribution will be used to support candidates for federal office who support physical therapy issues. The amount given by the contributor, or the refusal to give, will not benefit or disadvantage the person being solicited. The suggested amounts are only suggestions. More or less than the suggested amounts may be given.

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