



WILLIAMSON COUNTY DEPUTIES ASSOCIATION POLITICAL ACTION COMMITTEE (PAC)
AUTHORIZED AGREEMENT FOR PREAUTHORIZED PAYMENTS

CONSUMER NAME(S) _____

I (we) hereby authorize Williamson County Deputies association PAC (Political Action Committee), also known as WCDA PAC, hereinafter call COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME: _____

BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NO: _____

ACCOUNT NO: _____

I (we) authorize COMPANY to debit: \$5.00 \$10.00 \$20.00
 Other Amount: \$_____

From my (our) Checking account on a **MONTHLY** basis. I (we) prefer these debits occur on the _____ day of each month, but understand that the date may be adjusted by up to five (5) days accommodate daily transfer limits, holidays, or other restrictions.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

I (we) understand that the authority to initiate debit entries to my (our) Checking account is independent of any employment status with the Williamson County Sheriff's Office (WCSO), and remains intact regardless of any change in said employment. Authorization to debit must be revoked in writing as described above. I (we) understand that donations to the Williamson County Deputies association PAC are voluntary, and are not required in order to initiate or maintain membership in the Williamson County Deputies association.

CONSUMER NAME(S), OCCUPANTION(S), EMPLOYER(S): _____

ADDRESS(ES): _____

PHONE(S): _____ EMAIL(S): _____

*State law requires political committees to use best efforts to collect and report the full name and address, principal occupation, or job title, and full name of employer of individuals whose contributions equal or exceed \$500 in a reporting period.

SIGN and DATE _____ SIGN and DATE _____

Please attach a copy of a voided check from the account to be debited

Submit form and voided check to Mark Huntley in person, via email (mhuntleywcdapac@gmail.com), or mail to WCDA
PAC at 723 W. University Ave suite 110 #162, Georgetown, TX 78626