



Automatic Draft Plan

I hereby authorize the following Pharmacist Political Action Committee contributions:

- \$1,000 Platinum \$500 Gold \$250 Silver \$100 Bronze
 \$30 Contributor \$15 Other

I authorize the Pharmacist Political Action Committee of Missouri to draw electronic funds for the purpose of paying said payment:

- Monthly Quarterly

Personal Information

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email: _____

Bank Information (if drafting from bank account)

Bank Name: _____ Routing Number: _____

Bank Address: _____

City, State, Zip Code: _____

- Checking Account Savings Account Account Number: _____

Note: Please attach a VOID blank check

Credit Card Information (if drafting from a credit card)

- Visa Mastercard Discover American Express

Credit Card Number: _____ Expiration: _____

Signature of Applicant _____ Date: _____

**Fax completed form to (573) 636-7485 or call the
MPA office at (573) 636-7522.**