



nmca

New Mexico Chiropractic Association

Serving the Profession since 1947

NMCA Political Action Fund (PAC) EZPAY CONTRIBUTION FORM

EZPay is a convenient and easy way to contribute to the NMCA PAC. Simply fill out the amount you wish to contribute and the frequency (i.e. annually, monthly) and select your method of payment and the NMCA will do the rest! Or, you can make a one-time contribution to the NMCA PAC by selecting the "one time" box below. **Please fax completed form to 505-554-1482.**

I wish to contribute to the NMCA PAC via EZPay.

EZPay Amount \$ _____

EZPPay Schedule: Monthly

Payment Type: Credit Card

Annually

Charge my Checking Account

I wish to contribute a one-time payment in the amount of \$ _____

Payment Type: Credit Card

Charge my Checking Account

Personal Check Enclosed

Payment Information

Checking Account:

Bank Name _____ Account Number _____

ABA Routing Number _____

Credit Card:

Visa Master Card Discover Card Number _____

Exp. Date _____

Political contributions may be adjusted, the amount given or refusal to contribute will not benefit or disadvantage you. Contributions or gifts to the NMCA PAC are not tax deductible as charitable contributions. Federal law requires political committees to report the name, mailing address, occupation and name of employer of each individual whose contributions aggregate in excess of \$200 in a calendar year.

Occupation _____

Employer _____

EZPay Applicant Information: I hereby authorize the New Mexico Chiropractic Association to initiate, in accordance with the payment schedule indicated above, debit entries to my checking account as indicated above and on the attached voided check or my credit card account. I hereby authorize the depository institution named above to debit the same from my account. Said debits shall be for the amount indicated in the above-noted amount of contribution. This agreement will remain in effect unless I notify the NMCA, in writing by mail or fax at 505-554-1482, to cancel it.

Signature _____ Date _____ Printed Name _____

Address (City, State & Zip Code) _____