



# MOSFA PAC, INC.

112 E. High Street  
Jefferson City, MO 65101

## Contributions from Payroll Deduction

How much support are you willing to give?

- ★ GOLD LEVEL: \$50 per pay period commitment
- ☆ SILVER LEVEL: \$35 per pay period commitment
- ★ BRONZE LEVEL: \$25 per pay period commitment
- ★ FRIEND of the PAC: Any amount you care to give

Provide information below and send completed form to the address at the top of the page.

### STATE FARM FEDERAL CREDIT UNION AUTHORIZATION

Agent Member Account # \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Required by Federal Law)

Agent Name \_\_\_\_\_ Agent Code \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

E-mail \_\_\_\_\_

I hereby authorize State Farm Central Federal Credit Union, on behalf of MOSFA PAC, Inc. (State Farm Federal Credit Union Account Member No. 1404908), to deduct the following amounts from my pay:

First Pay Period \$ \_\_\_\_\_ Second Pay Period \$ \_\_\_\_\_

I also authorize an officer of MOSFA PAC, Inc. to withdraw such funds, as necessary for the benefit of MOSFA PAC, Inc. These deductions apply to the first and/or 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 MOSFA PAC Inc. account with MOSFA PAC, Inc. This authorization does not allow for State Federal Credit Union to share information regarding my personal and other accounts with State Farm Federal Credit Union to MOSFA PAC, Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

