

EMPAC Payroll/Pension Deduction Form

SEANC, Inc.
Employees Political Action Committee
P. O. Drawer 27727, Raleigh, NC 27611
Tel # 919-833-6436 or 800-222-2758
Web site: www.seanc.org



Social Security Number: _____ Department/Agency: _____

Name: _____ Job Title/Profession: _____

Address: _____

Recruited by: _____

\$1.00 \$2.00 \$5.00 \$10.00 other \$ _____

I, the undersigned, hereby authorize my employer to deduct voluntary EMPAC contributions, in the amount designated above, from my wages/pension on a **monthly** basis for transmittal to SEANC in a lump sum with my SEANC dues. This authorization shall continue until cancelled by me by written notice to SEANC/EMPAC.

Signature: _____

Date: _____

North Carolina law requires the Employees Political Action Committee to report the name, address, occupation and employer of individuals whose contributions exceed \$100.00 in a calendar year; contributions are limited to \$4,000.00 per individual per election cycle.