



Payroll Deduction Authorization Form for Donations to the NDPAC

On behalf of the National Diamondback Pharmacy Alumni Council, thank you for your generous support!

Complete this form and submit it to your Payroll Department for processing.

Donor Name

Donor Address

City State Zip Code

Social Security Number

Payroll Status Weekly Bi-Weekly Other

I hereby authorize the to:

(Company Name)

Deduct \$ each pay period until I notify you in writing to discontinue deductions.

Or Deduct \$ each pay period until my total gift is \$

Or Deduct \$ ONE TIME, from my next paycheck

Please direct my gift to: The National Diamondback Pharmacy Alumni Council (NDPAC) **Annual Fund** (see address information at bottom of form).

Or to the **Fund at NDPAC.**

Authorized Signature (Primary): Date

Please submit completed form to your Payroll Department.

Use the Following Information to Transfer Funds from the employee's paycheck to The National Diamondback Pharmacy Alumni Council (NDPAC) per the employee's above stated directions

Banking Institution: Bank of America

Routing Number: 063100277 Bank Acct # is

Contact NDPAC at (813) 558-1153 to obtain

Upon completion, fax a copy of this form to (813) 975 4865 or mail it to

NDPAC C/O Asmau Umar PO Box 530935 St. Petersburg, Florida 33747

Questions? Contact NDPAC at (813) 558-1153 or (813) 494 7430.