



Payroll Deduction Authorization Form for Donations to the NDPAC

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

Name

Home 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.

Please 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** Bank Acct # is
Routing Number: 063100277

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, Post Office Box 13052, St. Petersburg, FL 33713-3052

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

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