OOPAC Contribution Authorization Form Electronic Check and Credit Card



Print Doctor Name:

I authorize Oklahoma Optometric Political Action Committee (OOPAC) to initiate an electronic check or credit card draft against my account according to the terms outlined below.

This payment authorization is to remain in fu and manner to allow both the OOPAC and the added for a returned check.		cion by sending written notice in such a time opportunity to act on it. A \$25.00 fee will be	
OOPAC cannot accept any form of corporate contributions, only personal funds can be accepted. Political contributions are not tax-deductible. ** Beginning on January 1 of 2020, 20% of all contribution will be allocated to AOAPAC. If you do not wish to have monies allocated to AOAPAC, initial here			
Doctor Signature:	Date:		
<u>Billing Terms</u>			
□ Annual Payment (Recurring) OR	□ One Time Payment		
Process on the following Month:	Date (Circle one):	15 th or 30th	
□ Star \$500	□ Comet \$1000	□ Galaxy \$2500	
□ Supernova \$5000	□ Other \$	_	
□ Monthly Payment	Process (Circle one):15 th or	30th	
□ Star \$50/month	□ Comet \$100/month	□ Galaxy \$250/month	
□ Supernova \$416/month	□ Other \$		
Bank Information:			
Name on the Account	Please enter your bank information below	•	
Bank Account Type	□ Personal Checking □ Personal Savings		
Bank Routing Number			
Bank Account Number			
Name of Institution			
Credit Card Information: Please enter your personal American Express, Discover, MasterCard, or Visa information below.			
Name (as it appears on the Card)			

Name (as it appears on the Card)	
Credit Card Number	
Expiration Date & CVV	
Billing Address	