



**Insurance and Financial Advisors Political Action Committee**  
**2901 Telestar Court; Falls Church, VA 22042**  
**703-770-8100 (phone) ▪ 703-770-8151 (fax) ▪ www.naifa.org**

---

**MONTHLY BANK DRAFT -- UPGRADE**

I hereby authorize IFAPAC to withdraw from my account the amount specified below every month. This authorization will remain in effect until revoked by me in writing and, until IFAPAC receives such notice, I agree that IFAPAC shall be fully protected in honoring such withdrawals. In consideration of IFAPAC's compliance with such request and authorization, I agree that IFAPAC's treatment of each such check and IFAPAC's rights with respect to it, shall be the same as if it were signed personally by me and that if any such check be dishonored, IFAPAC shall be under no liability whatsoever even though such dishonor results in the forfeiture of IFAPAC membership.

❖ **I am currently enrolled in IFAPAC's Monthly Automatic Payment Program and would like to change the monthly withdrawal amount from \$ \_\_\_\_\_ to:**

(circle one)

\$416.00    \$210.00    \$120.00    \$85.00    \$45.00  
 \$25.00    \$20.00    \$17.00    \$15.00    \$12.00    Other \$ \_\_\_\_\_

❖ \_\_\_\_\_ NAME (Please Print)

❖ \_\_\_\_\_ SIGNATURE OF DEPOSITOR (as shown on bank records) \_\_\_\_\_ DATE

❖ \_\_\_\_\_ LOCAL ASSOCIATION NAME \_\_\_\_\_ STATE