

**Compensation Deduction Request Form (Associate PACs)**

PAC Name \_\_\_\_\_

PAC State Farm Federal Credit Union Account # \_\_\_\_\_

Agent/Associate Name \_\_\_\_\_

Agent/Associate Member and Account # (i.e. 9999999.S1) \_\_\_\_\_

I authorize State Farm Federal Credit Union, on behalf of \_\_\_\_\_, to request a deduction from my salary or compensation to apply and/or deposit to the \_\_\_\_\_ account shown below in the following amounts:

First Pay Period \$ \_\_\_\_\_ Second Pay Period \$ \_\_\_\_\_

\_\_\_\_\_ PAC Account Member #

I also authorize an officer of the \_\_\_\_\_ (as designated by the \_\_\_\_\_ Board and submitted to State Farm Federal Credit Union) to withdraw such funds, as necessary for the benefit of the \_\_\_\_\_. These deductions apply to the first and second pay periods of each month, and will continue until I request otherwise. I may terminate the deductions at any time by notifying State Farm Federal Credit Union.

I further authorize State Farm Federal Credit Union to share the information contained on this form and any information regarding the deductions from my salary or compensation applied and/or deposited to \_\_\_\_\_ account with \_\_\_\_\_. This authorization does not allow for State Federal Credit Union to share information regarding my personal and other accounts with State Farm Federal Credit Union to \_\_\_\_\_.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Upon completing this form, please return to State Farm Federal Credit Union by one of the methods listed below:

EMAIL: Dave@DaveVidmar.com

FAX: (301) 990-6342

MAIL: P.O. Box 100, Summit Ave, Gaithersburg, MD 20877

