



AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

I hereby authorize the Communications Workers of America Committee on Political Education Political Contributions Committee, hereinafter called the CWA-COPE PCC to initiate a monthly debit entry to my

Checking Account **Savings Account**

in the amount of \$_____ (\$4.00 minimum) and the depository hereinafter called DEPOSITORY, to debit the same such account in this amount and in the event a debit is made to my account in error, I authorize the CWA-COPE PCC to make a correcting entry under the condition that I am notified of said adjustment.

IMPORTANT:

PLEASE CHECK THE APPROPRIATE BOX ABOVE.

THIS AUTHORIZATION MUST BE ACCOMPANIED BY A VOID CHECK or DEPOSIT SLIP FROM THE ACCOUNT TO BE DEBITED.

Please complete the following:

DEPOSITORY: _____
(Name Of Banking Institution)

(City) (State)

This authorization is to remain in full force and effect until the CWA-COPE PCC and the DEPOSITORY have received written notification from me of its termination in such time and in such manner as to afford the parties a reasonable opportunity to act on it.

Check one: _____ New Enrollment _____ Change of Amount _____ Cancel Deduction

(Employee Signature) (Date)

(Print Name) (E-mail Address)

(Mailing Address) (City) (State / ZIP)

(Name of Employer) (Occupation) (Social Security Number)

LOCAL NUMBER _____

This Authorization is voluntarily made based on my specific understanding that:

- The signing of this authorization card and the making of contributions to CWA-COPE PCC are not conditions of membership in the union nor of employment with the Company and that I may refuse to do so without fear of reprisal.
- I am making a contribution to a joint fund-raising effort sponsored by CWA-COPE PCC and the AFL-CIO Committee on Political Education Political Contributions Committee (AFL-CIO COPE PCC) and that CWA-COPE PCC and AFL-CIO COPE PCC will use my contributions for political purposes, including but not limited to, the making of contributions to or expenditures on behalf of candidates for federal, state and local offices and addressing political issues of public importance.
- Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and the name of employer of individuals whose contributions exceed \$200 in a calendar year.
- Contributions or gifts to CWA-COPE PCC and AFL-CIO COPE PCC are not deductible as charitable contributions for federal income tax purposes.

(Signature of Union Representative Certifying that Employee is Eligible to Participate)

REMEMBER – PLEASE ATTACH VOID CHECK or DEPOSIT SLIP

**RETURN TO: CWA-COPE PCC
501 THIRD STREET, NW
WASHINGTON, DC 20001-2797**

**Original – International
Copy - District/Sector
Local**

CWA COPE MEMBERSHIPS

Signed: _____ Date: _____

Name (printed) _____

Home Address _____

City _____ State _____ Zip _____

Social Security No. _____

Phone (____) _____ E-Mail _____

Job Title _____ CWA Local _____

Recruited by: _____

(SELECT FROM LEVEL THAT APPLIES TO YOU)

**MEMBERSHIP
CLUB
\$1/WEEK**

Choose one: **New Era Cap** or **Tumbler**

**PLATINUM
QUORUM
\$5/WEEK**

Choose one: **Note Jotter** or **Weekender Wallet**

**TRIPLE
QUORUM
\$7/WEEK**

Choose one: **Duffle bag** or **26 Qt. Cooler**

**PRESIDENT'S
CLUB
\$10/WEEK**

Choose one: **Men's Watch, Women's Watch, Day Calendar, or 5" Knife**

Methods of Payment: (Please check)

- Check or money order made payable to CWA-COPE PCC in the amount of \$_____ enclosed.
- Deductions by employer from paycheck of \$_____ per week.
(Return deduction card to employer)

Return original and copy to your:

**CWA DISTRICT OFFICE
ATTENTION: LEGISLATIVE/POLITICAL COORDINATOR**

For CWA District Office Use Only

Date received: _____

Date Sent to Headquarters: _____

Incentive Request Sent to K&R: _____

A copy of our report is filed with the Federal Election Commission and is available from the Federal Election Commission, Washington, D.C.
Contributions or gifts to CWA-COPE and CWA-COPE PCC are not deductible as charitable contributions for federal income tax purposes.





INCENTIVE AWARD PROGRAM PARTICIPANT

Please accept a gift from the appropriate level as a "thank you" for supporting CWA COPE.

COPE CLUB
\$1/WEEK
(CHOOSE ONE)



PLATINUM QUORUM
\$5/WEEK
(CHOOSE ONE)



TRIPLE QUORUM
\$7/WEEK
(CHOOSE ONE)



PRESIDENT'S CLUB
\$10/WEEK
(CHOOSE ONE)

