



NRLCA

Letter of Authorization-PAC Withholding

Name:	
Mailing Address:	
SSN:	

I hereby authorize the National Rural Letter Carriers' Association (NRLCA) to withhold and remit on my behalf the following voluntary payroll withholding to the NRLCA PAC Fund from my bi-weekly payroll check. I understand that this withholding will continue until expressly directed in writing to discontinue or change these withholdings.

Bi-Weekly Withholding	Amount
NRLCA Political Action Committee (Bi-Weekly Deduction)	
Signed	Date: