



ACRE and AK CARE



Deduction Authorization Form* for AK CARE and ACRE Contributions

I, _____ (*name*) hereby authorize _____ (*utility name*) to deduct, from my future payroll or expense statement, a contribution to AK CARE or ACRE for the current membership year. .

Please select from the following:

- Payroll
- Expense Statement

Total Annual Deduction Amount**:

- \$25
- \$50
- \$100
- Other \$ _____

Payment Schedule:

- Weekly
- Bi-weekly
- Semi-monthly
- Monthly
- One-time annual payment

Signature: _____ Date: _____

By signing this, I understand that all contributions to AK CARE will be reported to the Alaska Public Offices Commission and that all contributions made to ACRE will be reported to the Federal Election Commission.

* If you selected the box marked Payroll Deduction on your ACRE - AK CARE contribution form, this form must be submitted with your contribution.

** No individual may contribute more than \$500.00 per year to any one group.