

# CAROLINALINK – TELEPHONE COOPERATIVE PAC

PLEASE PRINT

_____ Last	_____ First	_____ Middle	
_____ Company	_____ Job Title	_____ Work Location	
_____ Home Address	_____ City	_____ State	_____ Zip

I hereby authorize the payroll department to deduct \$\_\_\_\_\_ each pay period beginning with the next payroll period to be paid to the CarolinaLink --Telephone Cooperative PAC

_____ Signature	_____ Social Security # (optional)	_____ Date
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Pay by Check      Check Amount \$\_\_\_\_\_      Check #\_\_\_\_\_      Date\_\_\_\_\_

\*I understand that gifts to the PAC are not deductible for either Federal or State income tax purposes. My contribution is voluntary and I may choose not to contribute.

When using forms from the website, please return one copy to your payroll department and retain one copy for your personal records. Copies can also be obtained by contacting the CarolinaLink office at 919-838-8135. Your consideration of membership is very much appreciated.

White Copy – Payroll

Yellow Copy – CaroLink PAC

Pink Copy -- Employee