

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

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