



VOLUNTARY CAP PAYROLL DEDUCTION AUTHORIZATION

- I hereby authorize the State System of Higher Education to deduct from earnings each paycheck, the amount certified below as a voluntary contribution to APSCUF's political action committee (APSCUF/CAP). My contribution is voluntary and I understand that is not required as a condition of membership in any organization. I understand that contributions to APSCUF/CAP are not deductible as charitable contributions for federal income tax purposes. This authorization shall be valid while I remain in the employ of the State System of Higher Education unless I notify APSCUF and the State System in writing that this authorization is revoked.

PAYROLL DEDUCTION INFORMATION (Please complete all sections.)

NAME (please print)

EMPLOYEE-ID #/PERSONNEL #

UNIVERSITY

PAYROLL DEDUCTION (per pay period)

+\$2 +\$5

+\$10 +\$20 Other (specify amount: _____)

SIGNATURE

DATE

I would like to receive email updates about CAP at this email address: _____

I am interested in the following CAP activities: fundraising events golf outings legislative meet-and-greets