



**Independent Insurance Agents & Brokers of America, Inc.**  
 412 First Street, SE, Suite 300 / Washington, DC 20003  
 Phone: 202/863-7000 Fax: 202/863-7015 [InsurPac@iiaba.net](mailto:InsurPac@iiaba.net)

Name: \_\_\_\_\_ Title/Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Suggested Contribution: \$**    I am a Young Agent

**One-time Payment (check, credit card or ACH withdrawal)**

- \$5,000 Millennium Club   
  \$1,000 Centennial Club   
  \$250 Pioneer Club   
  \$100 Young Agent  
 \$2,500 Platinum Club   
  \$500 Gold Club   
  \$150 Founders Club   
  \$ \_\_\_\_\_ (other)

**OR**

**Monthly Payments (credit card or ACH withdrawal on the 15<sup>th</sup> of each month)**

- Start Month: \_\_\_\_ / 2011   
  \$250/month   
  \$50/month   
  \$10/month  
 End Month: \_\_\_\_ / \_\_\_\_   
  \$100/month   
  \$25/month   
  \$ \_\_\_\_\_/month

*All forms of payment must be by personal check, credit card or bank account.*

**Personal Check (payable to “InsurPac”)**

- Credit card:**                   
  American Express           
  Visa                                   
  Mastercard

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

**ACH/Automatic Debit**

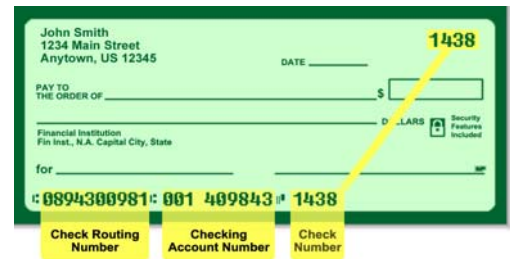
- Checking Account           
  Savings Account

Name of Bank: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_



*I hereby authorize InsurBanc to initiate a debit entry to my personal account at Depository named above. To correct a transaction error, InsurBanc is hereby authorized to initiate an adjusting debit or credit entry to my depository account. If no end date is specified, this authorization is to remain in full force and effect until InsurBanc has received written notification from me of its termination no less than (15) days prior to the next transaction date to InsurBanc, 10 Executive Drive, Farmington, CT 06032.*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Contributions or gifts to InsurPac are not deductible as charitable contributions for purposes of federal income tax. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution should be considered strictly voluntary.*