

To Contribute to COPA through PostalEASE

(Employees may designate three payroll allotments.)

Follow the instructions below:

1. Add your Social Security number to the 8-digit COPA account number (29320001) in line 11 on this form. This 17-digit number (no hyphens) will enable the APWU to identify this contribution as having come from you.
2. Dial 1-877-477-3273 (1-877-4PS-EASE).
3. Press #1 for PostalEASE.
4. When prompted, enter your employee identification number.
5. When prompted again, enter your USPS PIN number. (If you do not have a USPS PIN or cannot remember your PIN, follow the instructions on this form, under "Don't Have Your USPS PIN?")
6. When prompted, choose option #2 (to select payroll allotments).
7. When prompted, choose option #1 (to select type of allotment).
8. When prompted, press #2 to continue.
9. When prompted, press #3 to "add" the allotment.
10. When prompted, add routing number: 054001220.
11. When prompted, enter the COPA account number: 29320001 _____, followed by your Social Security number (no hyphens, 17 digits total). Press #1 if correct.
12. When prompted, press #1 for checking.
13. When prompted for the dollar amount of the allotment, enter \$____.00, your choice for a biweekly allotment. Press #1 if correct.
14. When prompted, press #1 to process. At this point, you'll be provided with a confirmation number and the start date of the allotment. Record the confirmation number _____ and start date _____.
15. Press #1 to repeat, or press #9 to end the call.

Retain this form for your records.

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Doing Our Part to Build a Better Future

This COPA solicitation is paid for by the American Postal Workers Union, AFL-CIO, 1300 L St., N.W., Washington, D.C. (202) 842-4200; it is not authorized by any candidate or candidate's committee. Contributions or gifts to COPA are not deductible as charitable contributions for federal income tax purposes. COPA will use the contributions it receives for political purposes, including making contributions to candidates for federal, state and local offices, and addressing political issues of public importance. Contributions to COPA are voluntary. More or less than the suggested amount may be given, and the amount given or the refusal to give will not benefit or disadvantage the person being solicited. Federal law requires political action committees to report the name, mailing address, occupation, and employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.

Don't Have Your USPS PIN?

To obtain your PIN: Call 1-877-477-3273. Press #1 for PostalEASE. When prompted, enter your Social Security number. When prompted for your PIN, pause, then press #2. Your PIN will be mailed to your address of record the next business day.

To Contribute to COPA via Electronic Fund Transfer

Please fill out this form and mail with a voided check or a copy of a check to:
APWU COPA • PO Box 75672 • Baltimore, MD 21275-5672

The COPA fund will automatically deduct the amount you choose to contribute, with no fee to you.

I hereby authorize my bank to deduct from my checking account the sum of:

\$1 \$2 \$4 \$6 \$10 \$_____

per pay period and forward that amount to the American Postal Workers Union, Committee on Political Action (COPA).

I make this authorization voluntarily and may revoke it at any time by notifying the APWU COPA Committee in writing.

If you are currently contributing to COPA through EFT and want to change the amount of your deduction, please check this box:

Name: _____

Social Security # or Employee ID #: _____

Address: _____

City: _____

State: _____ Zip: _____ Date: _____

Local: _____

Occupation: _____

Please fill out this form and mail **with a voided check or a copy of a check to:** APWU COPA • PO Box 75672 • Baltimore, MD 21275-5672

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To Contribute to COPA by Check or Credit Card

Please fill out this form and mail to:
APWU COPA • PO Box 75672 • Baltimore, MD 21275-5672

My check in the amount of \$_____ is enclosed.

(Please make your check payable to APWU COPA.)

I would like my contribution of \$_____ charged to my:

(Check one) MasterCard Visa American Express Discover Card

(Check one) Monthly Quarterly One-time Only

Card Number: _____

Expiration Date: _____

Signature: _____

I authorize COPA to charge my contribution to my credit card.

Name: _____

Social Security # or Employee ID #: _____

Address: _____

City: _____

State: _____ Zip: _____ Date: _____

Local: _____

Occupation: _____



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