



Automatic Payment Authorization

Instructions:

- Please complete all information
- Sign and date the form where indicated
- Included a check marked "VOID" from the account you wish to be debited each month
- If using savings account send a deposit slip indicating the payment come from your savings account
- Make a copy of this form for your records
- Mail form, along with voided check or deposit slip (savings only) to:
Classical 88.1
126 N. Main St.
Suite 110
Dayton, OH 45402

Monthly Amount \$_____ Name of Financial Institution: _____

Please Print:

Name _____

Address _____

City: _____ State _____ Zip _____

Email: _____ Phone: _____

I authorize Classical 88.1 and the financial institution listed above to deduct funds from my account on the 1st business day of each month the amount indicated above and in agreement with the terms listed below.

Contributor's Signature

Date

The authorization to debit my account is the same as if I personally signed a check to the station

My payment record will show up on my bank station and this will serve as my receipt

I have the right to have my bank reverse any debit by written notice within 15 days of the bank statement's date, or within 45 days after the debit

I can stop participation in this service upon written cancellation. All information is strictly confidential