

## Direct Payment Authorization Form: Fixed Payments

We are pleased to offer you the Direct Payment Plan. You can have your payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

### The Direct Payment Plan will help you in several ways:

- It saves time – fewer checks to write and mail.
- You can send your gift in a convenient and timely manner – even if you're on vacation or out of town.
- It's easy to sign up for, easy to cancel.

### Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account. Then just sit back and relax. Your payments will be made automatically on the specified day and proof of payment will appear on your bank statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us at:

**95.1 SHINE-FM**  
**C/o The Peter and John Radio Fellowship**  
**Executive Plaza I**  
**11350 McCormick Road, Ste 900**  
**Hunt Valley, MD 21031**

### All you need to do is:

- 1) Indicate whether your payment will be deducted from your checking or savings account by marking the box to the left of the account type.
- 2) Fill in your name, financial institution name and location, and today's date.
- 3) Attach a voided check for verification of all financial institution information. If you are unable to attach a voided check, please fill in your bank account number and routing number.



**Note: Be sure to sign the form!**

### Please complete the information below:

I authorize **95.1 SHINE-FM** to initiate the following electronic debit entries:

**Bank Name:** \_\_\_\_\_  
**Bank City and State:** \_\_\_\_\_  
**Bank Routing Number:** \_\_\_\_\_  
**Account Number:** \_\_\_\_\_  Checking  Savings  
**Account Name:** \_\_\_\_\_

**Amount:** \$ \_\_\_\_\_  **Monthly** on the (check one)  1<sup>st</sup>  15<sup>th</sup>  
 **Quarterly** on the (check one)  1<sup>st</sup>  15<sup>th</sup>

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until written notice of cancellation is provided to 95.1 SHINE-FM at the address above a minimum of 7-10 business days before my scheduled payment date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_