Electronic Funds Transfer (EFT)
Authorization Agreement for Automatic Payments (Debits)

I (we) hereby authorize **Four Rivers Community Broadcasting Corporation** (doing business as: **Word FM, PO Box 17, Harleysville, PA 19438**) (hereafter referred to as "**FRCB")** to initiate debit entries (and, if necessary, credit entries and adjustments for any debits made in error) to the account indicated below (the "Account") at the financial institution named below (hereinafter referred to as "FINANCIAL INSTITUTION"). I (we) further authorize the FINANCIAL INSTITUTION to make any such debit and/or credit to such Account so initiated by FRCB.

****PLEASE INCLUDE A VOIDED BLANK CHECK****

(*to ensure we have correct account and routing numbers*)

FINANCIAL INSTITUTION NAME _____

ROUTING NUMBER_____ACCOUNT NUMBER_____

ACCOUNT HOLDER _____

AMOUNT $ _____

WITHDRAW NEAR (*please check one*): [ ] **1st** of the month [ ] **15th** of the month

[ ] I (We) already give via EFT, but please change my AMOUNT to $ _____,
[ ] My banking information has not changed.

NOTE: If your banking information has changed, please submit a new voided check and fill out the complete form.

This authority is to remain in full force and effect until canceled pursuant to written communication by me (us) or FRCB actually received by FRCB and the FINANCIAL INSTITUTION in such time and such manner as to afford FRCB and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.

I (we) hereby indemnify and hold FRCB harmless from and against any and all Loss which might at any time be incurred by me (us) resulting from or arising out of any act or omission authorized by or related to this Authorization (excluding only intentional, reckless or grossly negligent acts or omissions of FRCB), including but not limited to any Loss resulting from insufficient funds being in the Account to effectuate any debit, or from any other items being dishonored due to insufficient funds in the Account after any debit is effectuated by FRCB.

PLEASE PRINT YOUR NAME(S): _____

SIGNATURE(S): X _____

X _____

DATE_____

PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS

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IN HOUSE USE ONLY

CONTRIRUTOR I.D. NUMBER_____ **June 26, 2018**