



KCUR Horizon Member Enrollment Form

with Electronic Fund Transfer (EFT) Contributions

Thank you for choosing to become a KCUR Horizon Member.

Please fill out the information below and return this form with a voided check to complete your enrollment.

MEMBER NAME(S)

ADDRESS

CITY/ STATE/ ZIP

PHONE

E-MAIL ADDRESS

TERMS

I authorize KCUR-FM to deduct the amount of \$_____ each month from my checking account on the 5th day of each month.

CONDITIONS

I understand:

- This authorization is ongoing and will remain in effect until I notify KCUR in writing.
- My KCUR Horizon Membership will automatically renew each year on my 12-month anniversary.
- Monthly transfer will occur on the 5th day of each month (no exceptions). My bank statements will reflect these transfers.
- For tax purposes, I will receive a summary of my monthly donations at the end of each calendar year.

ATTACH A VOIDED CHECK. To process, KCUR must have a document imprinted with your checking account number.

SIGNATURE (sign here to accept terms)

DATE

Please mail this form and a voided check to:

KCUR Radio
4825 Troost, Ste 202
Kansas City, MO 64110