



## 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
- Make a copy of this form for your records
- Mail form, along with voided check, to:  
 Spokane Public Radio  
 1229 North Monroe St.  
 Spokane, WA 99201

Monthly Amount	Day to be Debited		Name of Financial Institution
	<input type="checkbox"/> 5th of each month	<input type="checkbox"/> 15th of each month	

**Please print:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

I authorize Spokane Public Radio and the financial institution named above to deduct funds from my account on the 5th or 15th day of each month (as indicated) for the amount named above and in agreement with the terms listed below.

X \_\_\_\_\_

Contributor's Signature \_\_\_\_\_ Date \_\_\_\_\_

- This 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 statement 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 was made.
- I can stop participation in this service upon written cancellation. All information is strictly confidential.