

ONE-STEP EZ-GIVE
Authorization Agreement for Automatic Payments (Debits)

I(we) hereby authorize **Four Rivers Community Broadcasting Corporation** (doing business as: **The Word FM, PO Box 186, Sellersville, Pa. 18960**)(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**”), and 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 CANCELED CHECK****
(we need this to submit the correct account and routing numbers)

FINANCIAL INSTITUTION NAME _____

ACCOUNT HOLDER _____

TYPE OF ACCOUNT: (please check one) [] Checking [] Savings AMOUNT\$ _____

WITHDRAW NEAR: 1st of the month [] 15th of the month []

This authority is to remain in full force and effect until canceled pursuant to a writing by me/us or by 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):

SIGNATURES:

X

X

DATE _____

PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS

.....
IN HOUSE USE ONLY

April 29, 2009

CONTRIBUTOR I.D. NUMBER _____