

AUTHORIZATION FOR AUTOMATIC DONATION

I authorize *WORT 89.9FM Back Porch Radio Broadcasting, Inc.* and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment/donation of any entry by notifying my financial institution 3 days before my account is charged.

(name of financial institution)(branch)

(city)(state)(zip code)

(signature)

(Name - please print)

(Address - please print)

Account No: _____ Checking ___ or Savings ___

Amount to donate per month: \$ _____ Date of withdrawal: 1st ___ or 15th ___

Financial Institution Routing Number: _____
(between these symbols |: |: on the bottom left of your check)

----- cut here -----

RETAIN FOR YOUR RECORDS

On _____ I authorized _____
(date) (company name and dept)

(Address) Phone: _____

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address above.