<u>Electronic Funds Transfer (EFT)</u> Authorization Agreement for Automatic Payments (Debits)

I (we) hereby authorize **Four Rivers Community Broadcasting Corporation** (doing business as: **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
AMOUNT \$
WITHDRAW NEAR: (please check one) [] 1 st of the month [] 15 th of the month
[] I (We) already use EFT, please change my AMOUNT to \$ [] My banking information has not changed.
If your banking information has changed, please submit a new canceled 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 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 Oct 28, 2013
CONTRIBUTOR I.D. NUMBER