



Electronic Bank Transfer Authorization Form

This form authorizes WAY-FM to debit your bank account according to the terms that you have selected. This form, or any written communication, can be mailed to the WAY-FM Home Office at:

PO BOX 64500
Colorado Springs, CO 80962

Please do not scan and email this form as it contains your personal information. If you do not wish to mail this form, you may call WAY-FM at 866-457-9293 to record your authorization.

Donor Information

Name: _____ Impact Partner # (if known): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Pledge Information

Circle One: Update Existing Pledge / New Pledge

Amount: _____

First Transaction Date*: _____

*Transaction will post on or after the date indicated

Routing #: _____ Account #: _____

Monthly Transaction Date (**Circle One**): 1st or 15th

I want to make a one-time gift and understand that my gift will transact on or after the First Transaction Date above. If this box is not checked, my gift will occur monthly at the intervals selected.

SAMPLE CHECK



I authorize WAY-FM to charge the bank account indicated above at the intervals I have selected. I understand that this authorization will remain in effect until I cancel it in writing or by calling 866-457-9293, and I agree to notify **WAY-FM** of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____ Date: _____