## AUTOMATIC DRAFT AUTHORIZATION FOR East Texas Media Association (dba KBJS)

This is to authorize <b>KBJ</b>	S 90.3 FM to automaticall	y debit my account as fo	ollows:
Routing Number			
Bank account #			
Name of Financial Insti	tution		_
Financial Institution Ci (The Routing Number is bottom your check or dep	ty, Statethe 9 Digit Number locate posit slip. Your account no	d at the far left in the ser umber is the middle serio	ries of numbers printed on the es of printed numbers )
I authorize a monthly dra of each month beginning	ft in the amount of \$	to be (month/year).	withdrawn on or about the 18 <sup>th</sup>
will no longer desire this if corrections in the debit account. I have the right charged. If an erroneous the entry credited to my a the date on which I was safter posting, whichever estating that it is in error a	service, allowing reasonal amount are necessary, it r to stop payment of a debit debit entry is charged aga account by my financial in tent a statement of account	ble time to act on the not may involve an adjustment entry by notifying my in inst my account, I have stitution if, within fifteer or a written notice of suncial institution a written to my account.	Institution before my account is the right to have the amount of n (15) calendar days following uch entry or forty-five (45) days n notice identifying the entry,
X	X		Date
Print Customer Name	Authorized signature	on account	
PLEASE INCLUDE YO	OUR EMAIL ADDRESS	:	

PLEASE INCLUDE A VOIDED CHECK or SAVINGS ACCOUNT DEPOSIT SLIP