

**AUTHORIZATION AGREEMENT  
ACH/AFT PREAUTHORIZED PAYMENT (DEBIT)**

Please return: **Completed Form** (in full) and a **Voided Check** to WBFJ:

**Cindy Davis, WBFJ-FM  
1249 Trade Street  
Winston-Salem, NC 27101**

**AMOUNT \$ \_\_\_\_\_**

**1<sup>st</sup> working day of the month \_\_\_\_\_**

**15<sup>th</sup> working day of the month \_\_\_\_\_**

I hereby authorize Triad Family Network (WBFJ-FM) to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my **Checking** \_\_\_\_\_ **Savings** \_\_\_\_\_ account indicated below and the financial institution named below to credit (or debit) the same to such account.

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**FINANCIAL INSTITUTION NAME**

**CITY**

**STATE**

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**BANK TRANSIT/ROUTING NUMBER**

**BANK ACCOUNT NUMBER**

I understand that this authorization *will be in effect until I notify WBFJ-FM, in writing, that I no longer desire this service*, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to give my financial institution a written notice identifying the entry, stating that it is in error, and requesting credit back to my account. I will provide this written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever occurs first.

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**NAME (Please Print)**

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**SIGNATURE**

**DATE**

Please Call Cindy Davis @ 336-721-1560 with any questions or concerns

(Revised 02/09/10)