



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: **RADIO KANSAS**

Company ID Number: **480697529**

I (we) hereby authorize Radio Kansas, hereinafter called COMPANY, to initiate debit entries to my (our) ___Checking ___Savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP CODE _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____ MEMBER ID NUMBER _____

(Please Print)

DATE _____ SIGNED _____ SIGNED _____

If you are using your checking account, please include a voided check from that account.