

WBNH Direct Deposit Authorization (ACH Debits)

I hereby authorize WBNH to initiate debit entries to my checking and/or savings account as indicated below and the depository financial institution named below, called BANK, to debit the same to such account. I acknowledge that the origination to my account must comply with the provisions of U. S. Law.

Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

Account Information (Please attach a "void" check)

Bank Name: _____ Branch: _____

Bank 9-digit Routing Number: _____

Checking or Savings Account (please circle one)

Account Number: _____

Amount to deduct each month from this account: _____

(This transaction will occur the first Monday or if it's a holiday then the next business day of each month.)

This authority is to remain in full force and effect until WBNH has received written notification from me of its termination in such time and in such manner as to afford WBNH and Herget Bank a reasonable opportunity to act on it.

Signed: _____ Date: _____

Return completed form to: WBNH Radio, 1919 Mayflower Dr, Pekin, IL 61554