

AUTOMATIC BILLING AUTHORIZATION FORM

To donate monthly by checking account or savings account, please fill out this section.

Please provide the following information about your bank account:

Financial Institution: _____
Bank Routing Number: _____
Account Number: _____
Name on Account: _____
Street Address: _____
City, State, & Zip: _____
Amount of Monthly Donation: \$ _____

To donate monthly by credit card, please fill out this section.

Please provide the following information about your credit card account:

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Expiration Date: _____
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Name (As it appears on card): _____
Billing Street Address: _____
Billing City, State, & Zip: _____
Amount of Monthly Donation: \$ _____

I (we) hereby authorize Lutheran Public Radio, Inc. to initiate debit entries to my (our) bank or credit card account, as noted above. Lutheran Public Radio, Inc. will debit your account on or around the 15th of each month. This authorization is valid until I (we) provide Lutheran Public Radio, Inc. with written cancellation.

Signature: _____ Date: _____

Signature: _____ Date: _____

*If you are donating by checking account, please attach a VOIDED check to this form.

Please fill out this form and send to:

Lutheran Public Radio
P.O. Box 912
Collinsville, IL 62234

Thank you for your support of Issues, Etc.!