

# 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:

Credit Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
CVV2 Code (3-digit security code on back): \_\_\_\_\_  
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 15<sup>th</sup> 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.!**