



Automatic Withdrawal Form

I hereby authorize WNCU 90.7 FM to withdraw funds from my

- Checking/Savings Account** or my
- Credit Card**

The authority will remain in effect until WNCU 90.7 FM is notified by me in writing to cancel it. (WNCU 90.7 FM requires at least 10 days notice to prevent the next scheduled withdrawal.)

Direct my gift to: WNCU 90.7FM

Checking/Savings Account Withdrawal

Name on Checking/ Savings Account (Please Print)

Street Address

City State Zip

Name of Financial Institution (Please Print)

Branch Address

City State Zip

PLEASE ATTACH A VOIDED CHECK

Should you wish to direct your gift to a particular purpose, complete the bottom-right portion of this form.

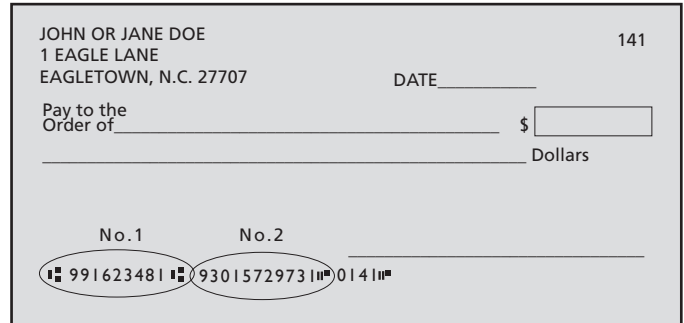
Mail the completed form with a voided check to:

WNCU 90.7 FM
PO Box 19875
Durham, NC 27707

Questions? Call 919-530-7759 or 919-530-7445.

\$ _____ per month _____
Amount (minimum \$10 per month) Signature

- Withdrawn on the First of the Month **OR**
 - Withdrawn on the 20th Day of the Month
- (An administrative fee of \$5 will be assessed on the first draft.)



Routing No. Account No.
(No.1 in the illustration above.) (No. 2 in the illustration above.)
(Nine digits enclosed with ■.) (Number order may be reversed.)

Credit Card Withdrawal

Name as it Appears on the Card (Please Print)

- Visa
- MasterCard
- American Express
- Discover

Card No. / Expiry Date / CVV2 Code

\$ _____ per month _____
Amount (minimum \$10 per month) Signature

Questions? Call 919-530-7759 or 919-530-7445.