



**RADIO
FE, ESPERANZA Y AMOR**
En Vallejo, La Voz Católica **KVVC 106.5 FM**

AUTHORIZATION FOR ELECTRONIC PAYMENT

I, _____ authorize Radio Fe Esperanza y Amor (check one):

<input type="checkbox"/>	Withdraw the agreed amount of the following credit card for payments of my monthly underwriting contributions: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 25%; text-align: center;"><input type="checkbox"/> Visa</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/> MasterCard</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/> American Express</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/> Discover</td> </tr> </table> Expiration Date (credit card): _____ Zip: _____ Security Code on the back of the card (3 digits Visa / MC or 4 digits AMEX): _____	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover		
<input type="checkbox"/>	Start Direct Payments (Electronic Funds Transfer, EFT) electronic withdrawals from my account below indicated for the payment of my monthly underwriting contributions (radio spot): <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Checking Account</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Savings Account</td> </tr> </table> I acknowledge the automatic withdrawal transaction (Automated Clearing House, ACH) from my Bank Account complies with US laws. This authorization shall remain effective until a written cancellation is received by Radio Fe Esperanza y Amor. Name of the Banking Institution: _____ City and State of the Banking Institution: _____ Routing Number: _____	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account		
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account				

Name of Cardholder or Bank Account: _____

Account number: _____ Monthly Amount: \$ _____

___ Total Amount: \$ _____

Date for the collection account or my credit card on which the withdrawal will my account Bench on the _____ **of each month; since spot starts airing on _____ month.**

First Payment: _____ Date Conversion Annually until further notice: _____

Signature _____ **Today's Date** _____

For EFT
Payments)
Please
attach a
voided
check.



PLEASE KEEP A COPY OF THIS
AUTHORIZATION FOR YOUR RECORDS

Saint Vincent Ferrer Church – 816 Santa Clara Street, Vallejo, CA 94590 – (707) 644-8396
 St. Catherine of Siena Church – 3450 Tennessee Street, Vallejo, CA 94591 – (707) 553-1355
 St. Basil the Great Church – 1225 Tuolumne Street, Vallejo, CA 94590 – (707) 644-5251