



### Electronic Funds Transfer Agreement (EFT)

Authorization to automatically withdraw funds to pay Shine.FM

#### Personal Information:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Monthly Gift Amount: \$ \_\_\_\_\_ (\$10/month minimum) Gift Designation (if any) \_\_\_\_\_

#### Fulfillment Option 1: Financial Institution Information

Make the monthly deduction from my (Check One):  Checking Account or  Savings Account

from: Bank Name \_\_\_\_\_ City and State \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

<small>bottom of check</small>	12345678 90	1234 5678	421
	<small>Routing Number</small>	<small>Account Number</small>	<small>Check Number</small>

*↗ please attach a voided check or deposit slip*

#### Fulfillment Option 2: Credit Card Information

(Check One):  VISA  MasterCard  Discover  Credit Card Expiration Date (mm/yyyy) \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cardholder's Name (as it appears on the card) \_\_\_\_\_

Billing Address (if different from home address):

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

NOTE: All transactions will occur on the 20th of the month or the following business day if the 20th is a weekend/holiday. Please start the transfer the month of (mm/yyyy) \_\_\_\_\_ ending date (mm/yyyy) \_\_\_\_\_

I hereby authorize Shine.FM to initiate debit entries and to initiate, if necessary, credit entries and adjustment for any debit entries in error to my depository, named above, and for my depository to debit and/or credit the same such account. I acknowledge that the origination of EFT transactions to my account must comply with the provisions of U.S. law. The authority shall remain in full force and effect until the ending date listed above or upon Shine.FM receiving official notice from me of its early termination in such time and in such manner as to afford Shine.FM and depository, named above, a reasonable opportunity to act upon it.

Signature \_\_\_\_\_ Date \_\_\_\_\_