



Joy Media Ministries
PO Box 249
Glennallen, AK 99588-0249
(907) 822-5226



Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

Recurring Direct Payments

Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Helps meet your commitment in a convenient & timely manner (even if you're out of town)
- No lost or misplaced checks, your payment is always on time
- It's easy to sign up, easy to cancel

Here's How Recurring Payments Work:

You authorize regularly scheduled payments from your checking or savings account. You will be charged the amount indicated below for each billing period. The charge will appear on your bank statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

The authority you give to transfer from your account will remain in effect until you notify us in writing to terminate the authorization. You control the frequency and amount of the payment.

Please complete the information below:

I _____ (full name) authorize KCAM Radio Station and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it, in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Address _____

City, St, Zip _____

Phone# _____

Email _____

Payment Amount: _____ Frequency: _____

Preferred Date of transfer: 12th or 22nd

Type of payment:

Contribution.* Preferred use: _____

Contribution is made with the understanding that Joy Media Ministries has complete control of the funds and discretion to use them to carry out its tax-exempt purposes as it sees fit. No goods or services were provided unless otherwise noted.

Account Type: Checking Savings

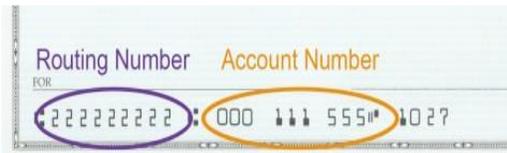
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE **X** _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify KCAM Radio Station (PO Box 249, Glennallen, AK 99588, 907-822-5226) in writing of any changes in my account information or termination of this authorization at least 5 days prior to my account being charged. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I acknowledge that the origination of these transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.