

**FORT WAYNE PUBLIC TELEVISION, INC. WFWA – PBS 39
MEMBER PAYMENT DEDUCTION
ACH AUTHORIZATION FORM**

Please provide all information below to allow Fort Wayne Public Television, Inc. – WFWA PBS39 to automatically debit your donation directly from your account.

Name: _____

Address: _____

City/State/Zip: _____

Donation Amount	
Type of Deduction (mark one)	<input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> semi- annual <input type="checkbox"/> annual
Preferred Processing Date (mark one)	<input type="checkbox"/> 5 th of the month <input type="checkbox"/> 20 th of the month <input type="checkbox"/> 30 th of the month
Account Type (mark one)	<input type="checkbox"/> checking <input type="checkbox"/> savings
	Please include a blank, voided check.

PBS39 Team Member Name (if taken over the phone) _____

Additional Instructions

Donor Signature: _____

Date: _____

Internal Use Only	
Entered into the bank by _____	Date _____
ACH approved by _____	Date _____