Sustainer Members

Smoky Hills Public Television, Inc.

Authorization Form

Individual(s) Name(s): _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Please complete either (1) ACH Debit or (2) Credit Card information below, sign the bottom of the form, and return to our office at SHPTV, P.O. Box 9, Bunker Hill, KS 67626.

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(1) ACH Debit

I (we) hereby authorize Smoky Hills Public Television, Inc. to initiate debit entries to my (our) account indicated below and the financial institution below to debit the same to such account for my (our) donation(s). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law

Bank Name: _____

Bank Address: _____

Account Type: Checking _____ Savings _____

Routing #: _____ Bank Account #: _____

Monthly Amount $: _____

*The amount will be posted on the 15th of each month.

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

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(2) Credit Card

Credit Card Number: _____

Expiration Date: _____ Verification Code: _____

Monthly Amount $: _____

*The amount will be posted on the 15th of each month.

This authorization is to remain in full force and effect until Smoky Hills Public Television, Inc. has received written notification from me (us) of its termination. I (we) will allow Smoky Hills Public Television Inc. three weeks to process my termination.

Signature: _____ **Date:** _____