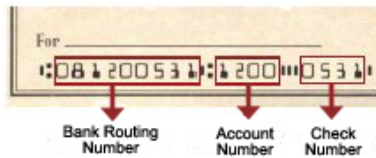


EFT Authorization

STEP 1: First _____ Spouse _____
 Last _____
 Organization _____
(If on organizations account)
 Mail Address _____
(Include St, Ln, Ave, Dr, PO Box, etc.)
 City _____ State _____
 Zip _____ - _____
 Day phone (____) - ____ - _____ Night phone (____) - ____ - _____

STEP 2: Bank Name _____
 City _____ State _____

STEP 3: I authorize KSWP/KAVX to initiate direct debit entries to my: (check appropriate boxes)
 Checking Account Savings Account
 Bank Routing # _____ Account # _____



STEP 4: This is a new monthly EFT in the amount of \$ _____
 Start my EFT in _____, 20____ and choose either **1st** or **15th**
(Month) (Year)
 I am already giving a monthly EFT and I want:
 NO Change
 An increase from \$ _____ to \$ _____
(Current Amount) (New Amount)
 Cancel it

This automatic gift withdrawal will remain valid until KSWP/KAVX receives written notice of its termination in such time and in such manner as to afford LEBF (Lufkin Educational Broadcasting Foundation) and depository a reasonable opportunity to act on it.

STEP 5: *Your Authorized Signature:* _____ Date: ____/____/____

STEP 6: Mail this form plus a voided, unsigned check to KSWP/KAVX Radio

TERMS AND CONDITIONS: EFT direct debit allows your gift to KSWP/KAVX to be automatically deducted from your account and transferred to KSWP/KAVX once each month. Your contributions will appear on your monthly bank statement as "LEBF DONATION". This authorization to charge your account shall be the same as if you had personally signed a check to KSWP/KAVX. A record of each charge will be included in your bank statement. In case of error, you have the right to authorize the bank to reverse any charge. Additionally, we will provide monthly receipts, as well as an end-of-year receipt of your giving to KSWP/KAVX.

You will only receive an end-of-year receipt.