



Thank you for donating to KCTS 9.

Fill out this form to make ongoing monthly or quarterly donations through automatic bank transfer (EFT).
(You can also make your donation at KCTS9.org/donate with your credit/debit card.)

1 MEMBER INFORMATION

NAME _____			PHONE _____
ADDRESS _____			EMAIL _____
CITY _____	STATE _____	ZIP _____	DONOR NUMBER _____

2 DONATION INFORMATION

DONATION AMOUNT (MIN \$5/MONTH) _____	STARTING DATE _____	FREQUENCY (CHECK ONE) <input type="radio"/> MONTHLY <input type="radio"/> QUARTERLY
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3 DIRECT DEPOSIT (EFT)

BANK/INSTITUTION _____	
ROUTING # _____	ACCOUNT # _____

**** A VOIDED CHECK MUST BE SUBMITTED WITH THIS FORM ****

FOR _____

⑆ ⑆ 23456789⑆	0 ⑆ 23456789⑆	⑆ 234⑆
ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER

4 TERMS OF AGREEMENT

My authorization to transfer my support from my bank account shall remain in effect until I notify KCTS Television that I wish to end this agreement and KCTS Television has a reasonable amount of time to act on my request. A record of each payment will appear on my bank statement and will serve as the receipt for my gift.

I authorize KCTS Television to withdraw from my bank account the amount indicated above in accordance with the Terms of Agreement.

SIGNATURE _____	DATE _____
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5 RETURN THIS FORM AND A VOIDED CHECK TO:

Sustaining Membership
KCTS 9
401 Mercer Street
Seattle, WA 98109

QUESTIONS?
Please contact Member Services at
1.800.937.5287 or membership@KCTS9.org