



3520 Kingsbury Ln
Roanoke, VA 24014
540-989-8900

WWW.RADIOIQ.ORG

WWW.WVTF.ORG

Electronic Funds Transfer Form

(Please Print)

Name: _____

Address: _____
(street)

_____ (City) _____ (State) _____ (Zip)

Home Phone: _____ Cell #: _____

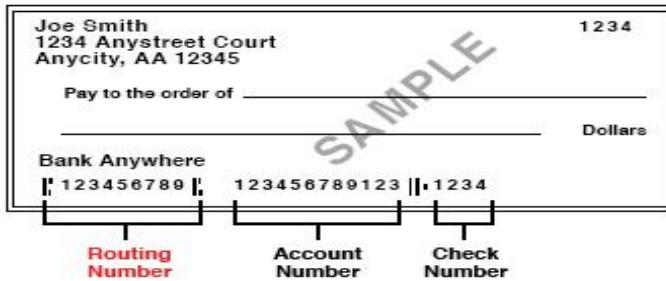
If you would like an email confirmation of your payment, please provide your email address:

Bank / Financial Institution Name: _____

Routing #: _____

Account #: _____

(You can also attach a blank voided check to this form in lieu of copying your bank info and numbers above)



Account Type:

Checking: _____

Savings: _____

Please have payments withdrawn from my account on the 1st _____ or the 15th _____ of each month.

Keep my current donation amount \$ _____ /month. Or, change my monthly donation to: \$ _____

Please sign and date this form and return it to WVTF/RADIO IQ along with the bottom portion of the enclosed letter in the return envelope provided.

(Signature)

(Date)