



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)

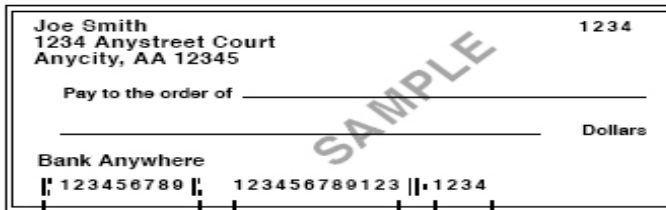
Home Phone: _____ Cell Phone: _____

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

Financial Institution Name: _____

Routing #: _____

Account #: _____



Account Type:

Checking: _____

Savings: _____

Would you like for payments to be withdrawn from your account on the 1st _____ or the 15th _____ of every month?

Would you like to make this a sustaining pledge? Yes: _____ No: _____

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)