

100.1 FM



KRUU-LP 100.1 FM  
PO Box 656  
Fairfield, IA 52556

Phone 641-209-1083  
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Web http://www.kruufm.com

**KRUU USE ONLY**

Received: \_\_\_\_\_ By: \_\_\_\_\_  
Entered: \_\_\_\_\_ By: \_\_\_\_\_  
Started: \_\_\_\_\_ By: \_\_\_\_\_  
Terminated: \_\_\_\_\_ By: \_\_\_\_\_

**Authorization for Automatic Donations**

Date: \_\_\_\_\_

**Donor Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Acknowledgment: [ ] Check her to give KRUU permission to use my name on a financial supporter list.

**Donation type (check one) and amount (fill in):**

[ ] Monthly Donation in the amount of: \_\_\_\_\_  
[ ] One-time Donation in the amount of: \_\_\_\_\_

**Account Information:**

Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
Bank City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Name on Account: \_\_\_\_\_  
Account Type: Checking [ ] Savings [ ]

I hereby authorize KRUU-LP 100.1 FM to initiate donation payment(s) from my account as specified above:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax completed form to: 504-910-4233 or  
mail to: KRUU-LP, PO Box 656, Fairfield, IA 52556

Donation payments will be processed on the 15<sup>th</sup> of each month. This agreement is to remain in effect until terminated in writing by KRUU or Donor.