



1236 Disk Dr., Suite E  
Medford, Oregon 97501

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### ONE STEP GIVING PLAN

I hereby authorize UCB USA Inc. d.b.a. KDOV Radio to automatically deduct \$ \_\_\_\_\_ from my  checking  savings (select one) account each month, until I provide written notice to discontinue. (**I've enclosed a voided check** with my account information on it and I understand the deduction will show up on my bank statement).

Preferred date of withdrawal each month (if any) \_\_\_\_\_.

Automatic withdrawal approval signature: \_\_\_\_\_

If you would like an email confirmation of each withdrawal from your account, please give us your email address: \_\_\_\_\_