Salem Media Group











Methods of Payment:

- Credit Card 3% Surcharge
- Debit Card No fee to process
- ACH draft (No Fee) We can draft from your bank account. No fee.
- ACH Bank/Wire Transfer Send payment from your bank account.
- * Regular Mail to Lockbox:

Salem Media Group, Inc Salem LB-2 PO Box 841773 Los Angeles, CA 90084-1773

• Mail by FedEx/USPS (Only)

Lockbox Services - 841773 Attn: SALEM - LB2 3440 Flair Drive El Monte, CA 91731

* Drop off check at

Salem Media Group 6400 N. Beltline Rd, Suite 120 Irving, TX 75063

CREDIT / DEBIT CARD FORM



Please check appropriate boxes and day

SALEM	One Time Payment Auto Recurring
MEDIAGROUP	Weekly Day to process:
MEDIAGROUP	
	Monthly Day to process
Please select station: KLTY KWRD Please copy and paste secure link below a https://filetransfer.salem.cc/filedrop/Beatric	and attach your credit card form to send payment.
DATE:	Contract Dates:
Salem Account Executive:	Contract Dates: to to End
ACCOUNT NAME:	
CARD HOLDERS NAME:	
Contact Phone #:	
INVOICE(S) NUMBER:	
MASTER CARD VISA DISCOVER	
Credit Card Number:	Please check one below
EXPIRATION DATE:	Debit Card (No Surcharge)
CREDIT CARD CODE	Credit Card (3% Convenience Fe
Amount:	
3% Surcharge : \$	Email Receipts to:
Total Charge : \$	
station agrees to send me an invoice for all charges	/KEXB, as directed above, to charge my credit card provided herein. The is process on my credit card. I understand that cancellation of this constitute early cancellation and penalties that may be charge to this ACCOUNT BALANCES.
PRINTED NAME OF PERSON AUTHORIZING CH	HARGE
SIGNATURE OF PERSON AUTHORIZING CHAR	
	COUNTING USE ONLY
DATE PROCESSED: / /	



Salem Media Group Dallas KLTY 94.9 FM | KWRD 100.7 FM | KSKY 660 AM | KTNO 620 AM

6400 N. Belt Line Rd. Suite #120 Irving, TX 75063

Authorization Form for ACH Payments

Please check Recurring	g Weekly	_ Monthly _	One T	ime payment	-
This form authorizes Salem Media Groabove. Proof of payment will appear of	=			savings account as indic	ated
If you have any questions, please cont Please complete form and return to a					
Or use secure drop file	https://filetrans	fer.salem.cc/fil	edrop/Beatrice.groves	@salemdallas.com	
*Please note where you would like the	<mark>e payment appl</mark> i	ied (Station an	d Invoice #'s).		
1	authorize Sal	em Media Gr	oup, Inc. to initiate	an electronic	
ACH debit entry to my account in t (Amount)	he amount of		for payme	ent of my advertising o	on
(Station(s))		(Contract Date(s):	to _	End Date
Checking or Savings Account (circle	le one)		nvoices:	Glarie Date	Life Date
Bank Name		_			
Bank Routing #		_			
Account #		_			
City/State		_			
Your Phone #		_Agency/Adv	ertiser name:		-
I understand that because this is an electr transaction date. I acknowledge that the c not dispute merchant debiting my checkin	origination of ACH	transactions to	my account must comp	ly with the provisions of U	J.S. law. I will
Signature			Date		

Email Address_____



To Whom It May Concern:

Please refer to the information below for incoming ACH and wire instructions.

ACH Instructions

Routing/Transit/ABA	123205054		
Customer Account Number	6925250992		
Customer Name	Salem Media Group Inc		

Incoming Wire Instructions

Bank Name	Umpqua Bank		
Bank Address	1 SW Columbia Ste 1200 Portland, OR 97258		
Routing/Transit/ABA	123205054		
SWIFT (USD International Wires Only)	UMPQUS6P		
Beneficiary Name	Salem Media Group Inc		
Beneficiary Address			
Beneficiary Account	6925250992		

Please be advised, Umpqua Bank does not verify the issuance of this document or customer information with third parties. All third party verification or inquiries regarding this document must be addressed between the Umpqua Customer and the third party.

Sincerely,

Angela Linan

Commercial Client Services Specialist

Commercial Client Services