

LICENSING DIVISION ELECTRONIC FUNDS TRANSFER REMITTANCE ADVICE

Complete and email this form to licfiscal@loc.gov or fax to (202) 707-0905 and attach a copy to the Statement(s) of Account

Use additional sheets as necessary

Remitter's	(Compan	y) Name		
Contact P	erson			
Telephone Number and ExtensionEmail				
Date of E	T (Actual	or Anticipate	d)Type of EFT	кСН
Type of R	oyalty Pay	rment: Cat	ole DART Satellite	
Total Amo	ount of EF	Г \$		
Legal Nar	ne (See sp	pace B of Sta	tement of Account)	
Year	Period	FOR CABLE ONLY ID Number First Community served (City & State)		Amount
		ID Number	First Community served (City & State)	+
TOTAL				