



SESAC REFUND – INDIVIDUAL STATION FORM

DATE: _____

CONTACT PERSON: _____

EMAIL: _____ PHONE: _____

FEDERAL TAX ID # (ONLY APPLICABLE IF NOT A "C" CORP.): _____

GROUP/STATION OWNERSHIP: _____

CALL LETTERS: _____ MARKET/DMA: _____

PAYMENT INFORMATION FOR REFUND

CONTACT PERSON: _____

BUSINESS NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FOR ACH PAYMENT:

BANK/INSTITUTION: _____

BANK ACCOUNT NUMBER: _____ ROUTING NUMBER: _____

For quickest and safest delivery of form, please send via email to tee@tvmlc.com. You can also mail it to 3 Bethesda Metro Center, Suite 700, Bethesda, MD 20814.