



The Christian Broadcasting Network, Inc.

EFT Enrollment Form (Electronic Funds Transfer)

Name _____ CBN Partner Account # (if available) _____

Address _____

City _____ State _____ Zip _____ Phone Number _____

I hereby authorize The Christian Broadcasting Network, Inc. (CBN) to initiate debit entries to (withdrawals from) my checking savings account (select one) at the financial institution named below, for the monthly pledge amount I have indicated below, and to debit the same to such account in accordance with the terms and conditions listed below.

Monthly Pledge Amount: \$ _____

I am enclosing (required for checking accounts):

- a check or sharedraft in the monthly pledge amount or
- a voided check or sharedraft.

I would like my monthly pledge to be withdrawn from my account on the _____ of each month (any day from the 2nd through the 28th of the month).

Name of Financial Institution: _____

Financial Institution's Routing Number: _____

Note: For savings accounts, please check with your financial institution to determine if your savings account can be used for this type of transaction and, if so, request the institution's routing number and enter it in the space above.

My Account Number: _____

I understand that this authorization to debit my account for my monthly pledge amount will remain in effect until I notify CBN in writing or by phone that I wish to end this agreement, allowing CBN reasonable time to act on it, or until CBN has sent me 10 days' written notice that they wish to end this agreement.

Signature

Date Signed

CBN address for notification:

The Christian Broadcasting Network, Inc.
977 Centerville Turnpike
Virginia Beach, VA 23463
Attention EFT Department

CBN phone number for notification:

(757) 226-3933

Please keep a copy of the signed form for your records and **mail this form to the address above.** Thank you for giving to CBN!