



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I would like my monthly pledge to be withdrawn from my account on the \_\_\_\_\_ of each month (any day from the 2nd through the 28th of the month).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

