

YES, I WANT TO GIVE MONTHLY BY ELECTRONIC FUNDS TRANSFER

I authorize the Christian Benevolent Association to electronically transfer \$_____ from my checking/savings account on or about the 10th of each month, beginning the month of _____, 20___. If I decide to cancel this request, I will notify CBA by phone or letter.

NOTE: A VOIDED CHECK MUST BE INCLUDED WITH THIS FORM

Signature _____ Date _____

*We cannot process an Electronic Funds Transfer (EFT) without a signature.

Your personal information is secure with Christian Benevolent Association. All donations to CBA are tax deductible

PLEASE MAKE SURE YOUR NAME, ADDRESS AND TELEPHONE ARE FILLED OUT BELOW

Name Please list my gift In Honor of In Memory of

Address Name_____

City State Zip

Telephone Email