



CONTRIBUTION AUTHORIZATION FORM

PRE-AUTHORIZED DEBIT AUTHORIZATION FORM

I hereby authorize **Gospel Broadcasting Network** and the financial institution shown to debit my account \$ _____
 one time or monthly for the bill cycle indicated for my contributions. This authority will remain in effect until I file a new Authorization Form or cancel my participation.

Check one: NEW CHANGE CANCEL

Payment Information:

Account Name (please print): _____

Bill Cycle: 1st of month (or 1st business day following the 1st)
 15th of month (or 1st business day following the 15th)

Bank Name: _____ Location: _____

Please indicate: Checking Savings Billed Account Number: _____

Signature of authorization: _____ Date: _____

IMPORTANT:

Attach a **VOIDED CHECK** for your account, so that we can verify the accurate routing and transit number for the financial institution designated to debit your payment. If your check does not include address and phone number, please note these on your check or form.

IF YOU PREFER TO CHARGE YOUR CONTRIBUTION, PLEASE FILL IN THE INFORMATION BELOW.

I hereby authorize **Gospel Broadcasting Network** to charge my credit card for a contribution in the amount of \$ _____, on a onetime or monthly basis (until notice is given to cancel).

Submit Charge: 1st of month (or 1st business day following the 1st)
 (check one) 15th of month (or 1st business day following the 15th)

Choose one: VISA Mastercard American Express

Name as it appears on the card: _____ Contact Phone No. _____

Card No. Expiration: Month _____ Year _____

Address: _____ City State Zip _____

V Code: (last 3 digits of on signature panel, back of card; American Express—4 digits on front)

Signature of authorization: _____ Date: _____

PLEASE BE SURE TO NOTE THE AMOUNT OF YOUR CHARGED CONTRIBUTION AND THE BASIS UPON WHICH YOU WISH IT TO BE MADE—ONETIME OR MONTHLY, UNTIL WE RECEIVE WRITTEN NOTICE OF CANCELLATION.