

**WGNV 88.5 FM**  
**Christian Family Radio**  
**Electronic Fund Transfer (EFT) Form**

I wish to authorize WGNV-FM Christian Family Radio (Evangel Ministries, Inc) to issue an electronic fund transfer from my account for the amount listed below on a monthly basis for deposit into their account at M & I Bank-Fox Valley.

**Donor Name(s)** \_\_\_\_\_ Donor Id # \_\_\_\_\_  
**Address** \_\_\_\_\_ (if known)  
**City/State/Zip** \_\_\_\_\_

**Phone Number** Day Time (\_\_\_\_) \_\_\_\_\_ Night Time (\_\_\_\_) \_\_\_\_\_  
\*\*\*\*\*

**Bank Information:** Account Type (Check One): Checking \_\_\_\_\_ Savings \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank Account # \_\_\_\_\_

**IF THIS IS FROM A CHECKING ACCOUNT PLEASE BE SURE TO INCLUDE A VOIDED CHECK SHOWING THE ACCOUNT NUMBER AND ROUTING NUMBER SPECIFIED ABOVE.**

**IF THIS IS FROM A SAVINGS ACCOUNT VERIFY THE ROUTING NUMBER AND ACCOUNT NUMBER FROM YOUR BANK TO ENSURE THE INFORMATION IS CORRECT.**

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Monthly Transfer Amount \$ \_\_\_\_\_ starting (month/year) \_\_\_\_\_ 20\_\_**

I understand that the amount above will be withdrawn automatically on or near the 10th of each month until written notice is received by Christian Family Radio to stop.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_ If wish to receive only a year-end tax receipt not a monthly thank you letter

**Please return this form with your voided check or savings account information.**  
**Mail to:** Kathy Friesen, Director of Accounting; 1909 W Second St, Appleton, WI 54914

Please be assured that your account information is kept strictly confidential. Please feel free to contact Kathy Friesen, Director of Accounting with any questions or changes at 800-236-9364extension 1025.

**Thank you for your Support!**