

Automatic Donation Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Debit/Credit Card Information section OR the Bank Account Information below and sign the form. All requested information is required. Upon approval, we will automatically bill your card or account for the amount indicated and your total charges will appear on your monthly statement. You may cancel this automatic billing authorization at any time.

Donor Information

Donor's First Name: _____ Last Name: _____

Phone: (_____) _____ Email: _____

Email receipts will be sent to this address if requested

I would like to receive email receipts of my donation at my email address listed above.

PAYMENT Information

I authorize Teen Challenge of the Upper Cumberland to automatically bill the card listed below as

Frequency (circle one): Weekly Monthly Quarterly Annually Other _____

Start auto donations on this date: _____ Amount: _____

End donations (check one): Upon donor's request On this date: _____

DEBIT/CREDIT CARD Information

Visa/Mastercard/AmEx/Discover Card number: _____

Expiration date: ____ / ____ CVV (Number on the back): ____ _

Cardholder's name (as shown on card): _____

Street address (card billing address): _____

City, State, Zip: _____

BANK ACCOUNT Information

Financial Institution: _____

Bank Routing Number: _____ Account Number: _____

Type of Account: Checking Savings

Donor's signature: _____ Date: _____

Once complete, please **EMAIL** to: smclauchlin@teenchallengeuc.org
or **MAIL** to: Teen Challenge of the Upper Cumberland
200 Freedom Ln
Livingston, TN 38570