

## 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: [info@teenchallengeuc.org](mailto:info@teenchallengeuc.org)

or MAIL to: **Adult & Teen Challenge of the Upper Cumberland**  
200 Freedom Ln  
Livingston, TN 38570