



## AUTOMATIC GIVING PROGRAM Activation Form

World Challenge, Inc. / P.O. Box 260 / Lindale, TX 75771  
Phone: 903-963-8626 / Fax: 903-963-5186

**PERSONAL INFORMATION:** (PLEASE PRINT)

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone \_\_\_\_\_

I (we) hereby authorize World Challenge, Inc. to debit my (our) account below as indicated:

**CHECKING/SAVINGS ACCOUNT**

Please debit my account on the:

7<sup>th</sup> of the month (only option)

Please choose one of the following options:

Option 1: I would like to donate \$\_\_\_\_\_ per month

Option 2: I would like to donate \$\_\_\_\_\_ per quarter

Please check one:

Checking Acct. # \_\_\_\_\_

Savings Acct. # \_\_\_\_\_

Name of Bank: \_\_\_\_\_

ABA # \_\_\_\_\_  
(Nine digit # on bottom left corner of check/deposit slip)

I understand that this agreement remains in effect until I provide written notice, and that any changes could take up to 4 weeks to be processed.

Signature \_\_\_\_\_

Date of acceptance \_\_\_\_\_

**CREDIT CARD INFORMATION**

Please debit my card on the:

1<sup>st</sup> of the month       15<sup>th</sup> of the month

Please choose one of the following options:

Option 1: I would like to donate \$\_\_\_\_\_ per month

Option 2: I would like to donate \$\_\_\_\_\_ per quarter

Credit Card Type:

Visa                       MasterCard  
 American Express     Discover/Novus

Acct # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_

I understand that this agreement remains in effect until I provide written notice, and that any changes may take up to 4 weeks to be processed.

Signature \_\_\_\_\_

Date of acceptance \_\_\_\_\_