



Automated Donor Plan Registration Form

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|-------------------|------|----------------|----------|
| Name | | Office Use | |
| Address | City | State | Zip Code |
| Home Phone Number | | E-Mail Address | |
| Drivers License # | | State | |

Banking Information

| | |
|---|---------------------|
| Name of Primary Bank | Name of Account |
| Type of Account: () Personal Checking () Personal Savings () Business Checking () Business Savings | |
| Bank Routing Number | Bank Account Number |

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

NOTE: If you bank at a Credit Union, you must verify with your institution the correct bank routing and account numbers for use with pre-authorized drafts on your account.

I hereby authorize a monthly paper bank draft or electronic debit on the account designated above, not to exceed the amount agreed to by me below until I elect to stop my monthly draft/debit. If a monthly draft/debit is dishonored by my bank for any reason, I understand that my account may be re-drafted/debited automatically for the face amount of the original draft/debit. I will notify TFS Worldwide at least 15 days prior to my scheduled draft/debit of any changes to my banking or account status. TFS Worldwide and their processor(s) are not liable for any NSF charges that may be assessed against me by my bank.

Please indicate your acceptance of these terms by signing below.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Required Payment Information

Start Date: ___/___/___ (You must allow at least 15 business days notice prior to due date)

Amount: \$_____

Please select your desired transaction day: 5th ___ 20th ___

Please complete and fax to 1-866-372-9750