



FROM EVERYWHERE TO EVERYWHERE

PO Box 969
Wheaton, IL 60187-0969
P 630-653-5300
F 630-653-5346

TEAM ACT information (Automatic Contribution Transfer)

Thank you for your enquiry regarding TEAM's Automatic Contribution Transfer (ACT) program. Please fill out the enrollment form below, and return it to us with a copy of a voided check. A trial run for a zero amount may appear on your bank account as a test. Any future changes must be submitted in writing and may take several weeks to process.

Please mail this form with a voided check to TEAM at PO Box 969, Wheaton IL 60187-0969. Thank you for supporting TEAM's missionaries and ministries in this way!

_____	\$ _____
(Missionary or Project)	
_____	\$ _____
(Missionary or Project)	
_____	\$ _____
(Missionary or Project)	
Monthly Total	\$ _____

Please transfer my contribution on the _____ 10th _____ 25th of the month.

TERMS OF AGREEMENT

My authorization to charge my checking account in the amount indicated above shall be the same as if I had personally signed a check to TEAM. This authorization shall remain in effect until I notify TEAM that I wish to end this agreement, which I may do at any time. A record of my payment will be included in my regular bank statement. I will receive a receipt from TEAM for tax purposes.

Please include a voided check.

_____	_____	
Signature	Date	
_____	_____	
Printed Name	E-mail	
_____	_____	
Address	Phone	
_____	_____	
City	State	Zip