



MANIFESTATIONS WORLDWIDE INC.

AUTO-DRAFT REGISTRATION FORM

(Please Print)

To sign up for the automated drafting of your monthly support we require the following information.

The transactions can be done in any amount, however frequently you choose. Should you desire to sign up.

Today's date:						
COVENANT PARTNER REGISTRATION INFORMATION						
Last name:		First Name:		Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Street address:			City:		State:	Zip-code:
Home Phone: ()		Email Address:				
Credit Card Number:		Expiration Date (MM/YYYY):		CVV Code (3 Digits on the Back):		
Date Auto-draft is to Begin (MM/DD/YYYY):			Auto-draft Amount (\$0.00):			
Frequency of Draft:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other (Explain):	

Please make sure that all of the above information is included to ensure that your drafts begin when you would like them to.

A digital notification will occur to remind you that the draft has occurred. Please print and save the drafts for your personal records.

Dr. Mark T. Jones Sr.

President / Apostle

Manifestations Worldwide Inc.

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