

**E-Mail (do not fax) completed application to [treas@jw.org](mailto:treas@jw.org)  
Entity and Contact Information**

**Entity Requesting Cards**

Date: \_\_\_\_\_

_____ Name of requesting entity: RBC, JWAH, or DRC	_____ JWAH Number
_____ Title Holding Congregation Name (RBC Projects Only)	_____ Cong. Number

**Type of Request**

First Request for Cards	<input type="checkbox"/>
Request for Additional Cards	<input type="checkbox"/>
Change Coordinator Contact Information	<input type="checkbox"/>

To close a credit card account(s), e-mail the the following information to [treas@jw.org](mailto:treas@jw.org): 1) Name of requesting entity, 2) Congregation name and number if RBC project, 3) Cardholder name, and 4) Last 4 digits of the credit card account number

**Credit Card Coordinator Contact Information**

_____ Name	_____ Home Phone	
_____ Address Line #1	_____ Cell Phone	
_____ Address Line #2	_____ Work/Day Phone	
_____ City	_____ State	_____ Zip Code
_____ E-Mail Address		

**Assistant Credit Card Coordinator Contact Information**

_____ Name	_____ Home Phone	
_____ Address Line #1	_____ Cell Phone	
_____ Address Line #2	_____ Work/Day Phone	
_____ City	_____ State	_____ Zip Code
_____ E-Mail Address		

**Approvals**

When this application is received, the Treasurer's Office will call the Committee Chairman to verify that the request has been approved
_____ Name of Person Preparing Form