

**THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD
AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDIT CARD TRANSACTION**

COMPANY: THE ASSEMBLIES OF GOD
MAIL TO: CONTRIBUTOR SERVICES
 1445 N. BOONVILLE AVE
 SPRINGFIELD, MO 65802
OR FAX TO: (417) 866-6415

CONTACT US: Toll free: 1-877-840-4800
 Local: 417-862-2781
 Phone Hours: 9am-4pm CST
 Email: contributions@ag.org

This will authorize **THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD**, hereinafter called **AG**, to initiate credit entries and adjustments for any credit entries in error, if necessary, to the credit card indicated below for a monthly contribution to the designation(s) listed below. This authorization is to remain in force until AG has received written notice of its termination in such time and in such manner as to afford AG a reasonable opportunity to act on it. Termination will automatically require that contributions be made by mail designated for your specific monthly faith promise. This authorization does not change the terms of your contributions or faith promises; however, because your faith promise is an agreement between you and God, you may revise your faith promise at any time.

This will authorize the credit card company indicated below to credit and/or debit the same to the credit card account.

AG reserves the right to revoke this authorization in the event of dispute of the charge without prior notification; account closed without prior notification, and/or two or more declined transactions in one year. Reinstatement in this program will be considered after a period of six months.

MONTHLY CREDIT CARD CONTRIBUTION: Beginning _____ / _____ apply a total of \$ _____ towards the following designations:
(MONTH) (YEAR) (TOTAL PER MONTH)

<u>Missionary/Ministry Name</u>	<u>Missionary/Ministry Account # (Sub-Ledger)</u>	<u>Class</u>	<u>Amount</u>	<u>Remarks</u>

(If you need more space for monthly donations, please attach an additional page with designations)

DONOR INFORMATION

CREDIT CARD INFORMATION

_____ DONOR ID# _____

_____ DONOR NAME _____
(PLEASE PRINT)

_____ DONOR ADDRESS _____




_____ CITY _____ STATE _____ ZIP _____

_____ EMAIL ADDRESS _____

_____ CARDHOLDER NAME _____
(PLEASE PRINT)

_____ CARDHOLDER ADDRESS _____

_____ CITY _____ STATE _____ ZIP _____

CARD TYPE:   

_____ CARD NUMBER (16 DIGITS) _____

MONTHLY CREDIT CARD INFO

SELECT THE TERM

_____ PLEASE MAKE THIS AN **ON-GOING** CHARGE

_____ PLEASE MAKE _____ / _____ THE LAST CHARGE
(MONTH) (YEAR)

_____ / _____ EXPIRATION DATE

AREA CODE (_____) _____ - _____
 CARDHOLDER'S (DAYTIME) TELEPHONE NUMBER

_____ / _____ / _____ TODAY'S DATE

_____ AUTHORIZED SIGNATURE

(OPTIONAL)

If paid by individual, please indicate the official Assemblies of God church to receive *AG Total Giving Credit* for your donation. Please leave blank if you do not attend an Assemblies of God church.

CHURCH NAME _____ AG ACCT. # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

