

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

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

44-0577787  
 ID NUMBER

This will authorize **THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD**, hereinafter called A/G, 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 A/G has received written notice of its termination in such time and in such manner as to afford A/G 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.

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

A/G 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.

Apply a total of \$ \_\_\_\_\_ monthly towards my contributions to the designations listed below:

<b>MONTHLY CREDIT CARD CONTRIBUTION DESIGNATIONS</b>					
<u>Missionary/Ministry Name</u>	<u>Ledger</u>	<u>Sub-Ledger</u>	<u>Class</u>	<u>Amount</u>	<u>Remarks (13 characters)</u>

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

\_\_\_\_\_  
 (please print) **Cardholder's Name**

**Card Type:**

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_

\_\_\_\_\_  
**Cardholder's Address**

\_\_\_\_\_  
**City State Zip**

\_\_\_\_\_  
**Card Number**

\_\_\_\_\_  
**Date Authorized Signature**

\_\_\_\_\_  
**Expiration Date**

\_\_\_\_\_  
**Area Code ( )**

**Card Holder/Donor Telephone Number**

**Select Term:**  
 \_\_\_\_\_  
**Ongoing Charge or Last Month & Year to be Charged**

**(OPTIONAL)**  
**If paid by individual, please indicate the official Assemblies of God Church to receive "A/G Total Giving Credit" for your donation:**

CHURCH NAME \_\_\_\_\_ A/G ACCT. # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
DONOR N/A _____	CHURCH OFFERING ( ) _____	PERSONAL OFFERING ( ) _____	
Date Implemented _____	Account _____	Restart _____	Stopped _____