



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

MAIL TO:

THE GENERAL COUNCIL OF THE
ASSEMBLIES OF GOD
CONTRIBUTOR SERVICES
1445 N. Boonville Ave.
Springfield, MO 65802-1894

FAX TO:

417-866-6415

EMAIL TO:

contributions@ag.org

CALL US:

TOLL FREE 1-877-840-4800, x 8840
LOCAL 417-862-2781
PHONE HOURS 9am-4pm CST

This will authorize **THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD**, hereinafter called **AG**, to initiate credit/debit 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. This authorization will also serve as a Faith Commitment to missionaries, however, because your faith commitment is an agreement between you and God, you may revise your faith commitment at any time.

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

20th apply a total of

towards the following designations:

MISSIONARY/MINISTRY NAME	LEDGER #	SUB-LEDGER#	CLASS	AMOUNT	REMARKS

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

DONOR INFORMATION

DONOR ID # _____

DONOR NAME _____

DONOR ADDRESS _____

CITY _____

STATE _____ ZIP _____

CARDHOLDER'S DAYTIME PHONE # _____

E-MAIL ADDRESS _____

TODAY'S DATE _____

AUTHORIZED SIGNATURE

CREDIT CARD INFORMATION

☐ SAME AS DONOR INFORMATION ADVANCE TO CREDIT CARD INFORMATION AREA IF CHECKED

CARDHOLDER NAME _____
AS IT APPEARS ON CARD

CARDHOLDER ADDRESS _____

CITY _____

STATE _____ ZIP _____

CARD TYPE

CARD # (15 DIGIT) _____ / _____ / _____

(16 DIGIT) _____ / _____ / _____ / _____

EXPIRATION DATE

OPTIONAL

Please make
time my credit card is charged.

the last

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 _____
