



**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	20 <sup>th</sup> 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 \_\_\_\_\_ the last  
time my credit card is charged.

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 \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

AG ACCT # \_\_\_\_\_