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
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.

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.

Apply a total of $_____._____ monthly towards my contributions to the designations listed below:

MONTHLY CREDIT CARD CONTRIBUTION DESIGNATIONS				
Missionary/Ministry Name	Missionary/Ministry Account # (Sub-Ledger)	Class	Amount	Remarks
Dave and Hope Johansson	Account # 2944023			

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

_____
Donor ID#

_____
(please print) Cardholder's Name

_____
Cardholder's Address

_____
City State Zip

_____
Date Authorized Signature

Area Code (_____) _____
Cardholder's Daytime Telephone Number

_____
Email Address

Card Type:

Visa _____MasterCard_____ Discover_____

__ __ __ __-__ __ __ __-__ __ __ __-__ __ __ __
Card Number (16 digits)

_____
Expiration Date

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 "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** _____