

**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

Thank you for your support of our U.S. ministries. This form will authorize the credit card company to credit and /or debit your credit card account for support as you have indicated. 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.

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>Missionary Account# Sub-Ledger</u>	<u>Class</u>	<u>Amount</u>	<u>Remarks (13 characters)</u>
Uwe Muench	700-001	3991148	00		
	700-001				
	700-001				
	700-001				
	700-001				
	700-001				

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

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

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

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

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

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

\_\_\_\_\_  
**Card Holder/Donor Telephone Number**

**Card Type:**

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

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

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

<b>Select Term:</b>	
_____	_____
Ongoing Charge	or Last Month & Year to be Charged

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