

**NORTH TEXAS CHI ALPHA CAMPUS MISSIONS**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDIT CARD TRANSACTION**

Credit Entries By: THE NORTH TEXAS DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD

Mail To: Chi Alpha / Box 1188 / Hurst, Texas 76053 / (817) 284-4856

OR FAX TO: (817) 284-9891

This will authorize THE NORTH TEXAS DISTRICT/ASSEMBLIES OF GOD, hereinafter called NTD, 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 NTD has received written notice of its termination in such time and in such manner as to afford NTD a reasonable opportunity to act on it. Termination will automatically require that contributions be made by mail designated for your specific monthly pledges. This authorization does not change the terms of your contributions or pledges.

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

NTD 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 designation listed below:

MONTHLY CREDIT CARD CONTRIBUTION DESIGNATION					
<u>Missionary</u>	<u>Ministry</u>	<u>Campus</u>	<u>Ledger</u>	<u>Monthly Amount</u>	Remarks
Wesson	Chi Alpha	UNT	48-4701	\$ _____	

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

Card Type:

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

Cardholder's Address :

Card Number: \_\_\_\_\_ / include last three digits on back of card:

\_\_\_\_\_ / \_\_\_\_\_

City \_\_\_\_\_

Card Expiration Date:

State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Card Holder/Donor Telephone Number \_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

(OPTIONAL)

If paid by individual, please indicate the official Assemblies of God Church to receive "World Ministries Credit" for your donation:

Church Name \_\_\_\_\_

Address \_\_\_\_\_

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