

**THE NORTHERN NEW ENGLAND DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD
AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDIT CARD TRANSACTION**

COMPANY: NORTHERN NEW ENGLAND DISTRICT ASSEMBLIES OF GOD
MAIL TO: NNED
 501 RIVERSIDE STREET
 PORTLAND, ME 04103-1034
OR FAX TO: (207) 878-2779

CONTACT US: (207) 878-2777
Email: nnedbp@maine.rr.com

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

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

NNED 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:

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
1% CHURCH TITHE		CHRISTIAN EDUCATION TITHE	
MINISTER'S TITHE		YOUTH TITHE/OFFERING	
MANNED FUND OFFERING		CAMP OFFERING	
\$1 MILLION MANNED PROJECT		MEN'S TITHE/OFFERING	
REAL WOMEN REAL LIFE TITHE		ROYAL RANGER OFFERING	
REAL WOMEN REAL LIFE LOVELINE		DEAF MINISTRIES OFFERING	
GIRLS MINISTRIES TITHE			

Card Type:

 (Please print) Cardholder's Name

DISCOVER CARD MASTERCARD VISA

 Cardholder's Address

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 Card Number (16 digits)

 City State Zip

 Authorized Signature Date

 Card Expiration Date

(_____) _____
 Cardholder's Daytime Telephone Number

Select Term:
 _____ or _____
 Ongoing Charge or Last Month & Year to be Charged

 Email Address