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converge midamerica
www.convergemidamerica.org

AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDIT CARD TRANSACTION

924 Busse Highway
Park Ridge Illinois 60068
847-692-4125 (phone)
847-692-2180 (fax)
info@convergemidamerica.org

This will authorize Converge MidAmerica, hereinafter called CMA, 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 CMA has received written notice of its termination in such time and in such manner as to afford CMA a reasonable opportunity to act on it. Termination will automatically require that the 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.

CMA 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 at the discretion of CMA.

MONTHLY CREDIT CARD CONTRIBTUTION: Beginning____/____/_____ apply a total of $ _____ each month
(Month) (Day) (Year)

toward the designations listed below. Please make the same deduction(s) each subsequent month on the:

____ 5th ____ 20th OR ____ (other _____) day of the month

Ministry Name:	Ministry Account #:	Amount:	Remarks/Notes:
		$	
		$	
		$	
		$	

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

DONOR INFORMATION:

Name

Address

City, State, Zip

(_____)
Phone Number

Email Address

CREDIT CARD INFORMATION:

Cardholder Name *(exactly as it appears on your card)*

Cardholder Address

City, State, Zip

CARD TYPE: O VISA O MasterCard O American Express O Discover

__ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __
CARD NUMBER (16 Digits)

_____/_____
EXPIRATION DATE

_____
SECURITY CODE

MONTHLY CREDIT CARD INFORMATION:

SELECT THE TERM

_____ **PLEASE MAKE THIS AN ON-GOING CHARGE**

_____ **PLEASE MAKE** _____ / _____ **THE LAST CHARGE**
(MONTH) (YEAR)

_____/_____/_____
TODAY'S DATE

_____
****AUTHORIZED SIGNATURE**

CARDHOLDER'S DAYTIME TELEPHONE: (_____) _____

** I hereby authorize Converge MidAmerica (CMA) to initiate debit entries to the credit card account indicated above, and the credit card company indicated above to debit the same amount. This authority is to remain in full force and effect until CMA has received notification from me of its modification or termination in such time as to afford CMA 10 business days to act on it. In the case of unsuccessful debits, I understand that CMA reserves the right to cancel this authorization and that CMA will notify me in writing of such action. I acknowledge that the origination of credit card transactions to my account must comply with the provisions of applicable law. Authorization must be received approximately 10 business days prior to the date of the first transfer. CMA can provide you a copy of this authorization upon request.

☐ **STOP an Automatic Credit Card Charge**

By signing below you authorize the termination of the previously established automatic Credit Card Transactions from your account to Converge MidAmerica (CMA). CMA has 10 business days from the receipt of this written notification to terminate the transactions.

X_____ Date:_____
Signature of Bank Account Owner