

# AdventistGiving

## Credit/Debit Card Removal Request Form

Fax: 866-424-0956

Email: Help@AdventistGiving.org

We, the undersigned, give permission for the North American Division of Seventh-day Adventists (AdventistGiving) to remove the credit/debit card payment option on our account. By signature we verify the information as true and correct.

### **Church**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

### **Church Pastor**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date \_\_\_\_\_

Email: \_\_\_\_\_

### **Church Treasurer**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date \_\_\_\_\_

Email: \_\_\_\_\_