



BANK DRAFT AUTHORIZATION

Name: _____

Address: _____

Phone number: (_____) _____

Secondary phone: (_____) _____

E-mail: _____

In the box below, please specify the name(s) and/or project(s) as well as the amount, to whom you would like to allocate your support:

MISSIONARY NAME or SPECIAL PROJECT TITLE	AMOUNT PER MONTH

Total amount to be drafted monthly: \$ _____

- Please note that this is a monthly draft; we are unable to draft on a quarterly or bi-annual basis.
- Your account will be drafted on the 10th of each month.
- **For the purpose of donor accuracy, please include a voided check with this form.**

Bank Name	
Bank Account Number	
Bank Routing Number	

Signature: _____ Date: _____

Your signature gives us permission to draft the account specified on the enclosed voided check on the 10th of each month. If at any time you would like to discontinue this monthly bank draft, please send your signed request in writing to the ALTECO office at the address below.

ALTECO
P.O. Box 271109
Littleton, CO 80127
303-933-2252