



## 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 10<sup>th</sup> 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 10<sup>th</sup> 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  
720-673-8490