



# CALVARY

## Authorization Agreement for Automatic Withdrawal for Global Adventures

I (we) hereby authorize Calvary of Albuquerque to initiate debit entries to the account specified, on the 5<sup>th</sup>\* day of each month, and to initiate, if necessary, credit entries and adjustments for any debit entries in error to the account specified. This will remain in effect until Calvary of Albuquerque has received written notification 30 days prior to termination from me (us). I (we) agree to indemnify and hold Calvary of Albuquerque harmless from and against any errors or claims relating to this transaction.

Name(s) as printed on account \_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Zip Code \_\_\_\_\_

**This is an automatic withdrawal donation for :**

\_\_\_\_\_ Where most needed on the mission field                      Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Missionary Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Missionary Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Missionary Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Signature** \_\_\_\_\_                      **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_                      **Date** \_\_\_\_\_

Please attach a **VOIDED CHECK** to this form and return the form to the Accounting Office at Calvary of Albuquerque, 4001 Osuna Rd. NE, Albuquerque, NM 87109. The first draft will be done the first 5<sup>th</sup>\* of the month following receipt of the form. If you have any questions, please call the Calvary Accounting Office at 338-3671.

\*If the 5<sup>th</sup> of the month falls on a Saturday or Sunday, then the draft will be effective that following Monday.