CALVARY

Global Adventures

Authorization Agreement for Automatic Charge to a Debit or Credit Card

***Required Field**

***Date** _____ ***Phone** ( ) _____

***Your Name** _____

***Your Address** _____

***City, State, & Zip** _____

I (we) hereby authorize Calvary of Albuquerque to initiate debit entries to the account specified, and to initiate, if necessary, credit entries and adjustments for any debit entries to the account specified on the date specified. This authorization will remain in effect until Calvary of Albuquerque has received written notification from me (us) thirty (30) days prior to termination. I (we) agree to indemnify and hold Calvary of Albuquerque harmless from and against any errors or claims to this transaction.

Name printed on the card: _____

Amount to be automatically charged each month: $_____

Preferred recurring date: _____ of each month, commencing _____.

(optional) Email address (for credit card receipt): _____

Credit/Debit Card Number: ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ __ __

CVV: _____ Expiration Date: _____
(3 digit # on back)

Note: VISA, Master Card, and Discover only.

This is an automatic donation for:

_____ Where most needed on the mission field Amount: $_____

_____ Missionary Name_____ Amount: $ _____

_____ Missionary Name: _____ Amount: $ _____

_____ Missionary Name: _____ Amount: $ _____

Signature_____ **Date**_____

Signature_____ **Date**_____

Completed forms can be mailed to 4001 Osuna Rd NE, Albuquerque, NM 87109.

If you have any questions/comments about this form, please contact the Calvary of Albuquerque Accounting Office at (505) 344-0880, extension 1123. Thank you.