

Authorization for Automatic Withdrawal

Yes, I would like to begin making monthly contributions to the Princeton Evangelical Fellowship via automatic withdrawal. I hereby authorize the PEF to transfer the amount listed below from my account each month. This authority will remain in effect until I provide notice to cancel this agreement.

Please designate my monthly donation as follows (toward the general fund or a specific staff person/family):

<u>general fund</u>	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL MONTHLY WITHDRAWAL:	\$ _____

Withdraw on or about the 15th of each month, beginning ____ / 15 / 20__

BANK NAME

BANK STREET ADDRESS

BANK CITY

STATE

ZIP CODE

BANK ROUTING # (9-digit ABA #)

BANK PHONE #

BANK ACCOUNT #

CHECKING ACCOUNT

SAVINGS ACCOUNT

SIGNATURE

DATE SIGNED

PRINTED NAME

PHONE

EMAIL

**Please mail this form along with a voided check for checking accounts to:
PEF 24 Moore Street Princeton, NJ 08542**