

# Authorization for Automatic Withdrawal

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Yes, I would like to begin making monthly contributions to Princeton Christian Fellowship via automatic withdrawal. I hereby authorize PCF 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):

\_\_\_\_\_ *general fund*                      \$ \_\_\_\_\_  
\_\_\_\_\_    \$ \_\_\_\_\_  
\_\_\_\_\_    \$ \_\_\_\_\_

**TOTAL MONTHLY WITHDRAWAL:**                      \$ \_\_\_\_\_

Withdraw on or about the 15th of each month, beginning \_\_\_\_ / 15 / 20\_\_

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BANK NAME

BANK STREET ADDRESS

BANK CITY

STATE

ZIP CODE

BANK ROUTING # (9-digit ABA #)

BANK PHONE #

BANK ACCOUNT #

- CHECKING ACCOUNT  
 SAVINGS ACCOUNT

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SIGNATURE

DATE SIGNED

PRINTED NAME

PHONE

EMAIL

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