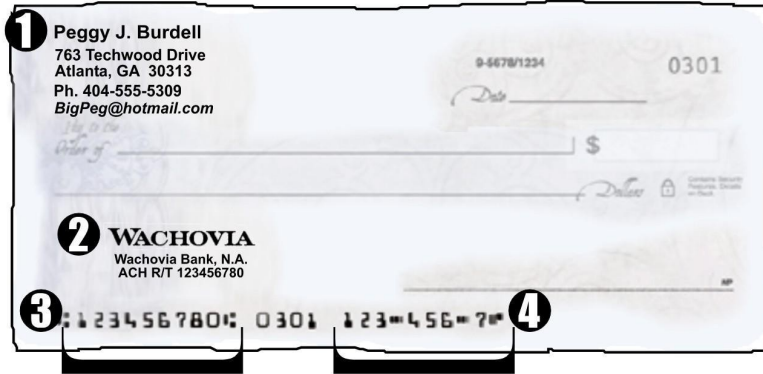




ACF Autodraft Form

auburn christian fellowship



Perry D. Rubin
Campus Minister

Nicole Lynch
Assistant
Campus Minister

Personal & Banking Information

1 Name _____
 Address _____
 Phone _____ Email _____

2 Bank _____ **3** Routing # _____

4 Account # _____

Donation Information

Operational \$ _____ Withdrawal Amount _____
 Please indicate the amount you would like to donate to each account.

Withdrawal Date (your choice) _____
 Withdrawal Increments (Monthly, Quarterly, Annually) _____
 Date to begin Withdrawals _____

"I do hereby authorize Auburn Christian Fellowship to draft aforementioned funds from my account on the dates given above."

Signature _____ Today's Date _____

If you would like to cancel autodraft at anytime, please email Nicole Lynch at auburnchristianfellowship@gmail.com or call the ACF house at 334.821.3963, and we will cancel it immediately.