



**Office of Development**  
**Box 708, Bryn Athyn, PA 19009**  
**267-502-4895**

## *Monthly Automatic Withdrawal Form*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Please make this gift to the:

- Fund the Academy
- Fund for the General Church
- Other: \_\_\_\_\_

If this gift is to be split between the funds, please indicate how:

\_\_\_\_\_

Electronic Funds transfer: I hereby authorize by U.S., U.K., or Canadian Bank to make monthly contributions of \$ \_\_\_\_\_ and to electronically transfer that amount to the General Church and/or Academy of the New Church (as indicated above). A record of monthly withdrawal shall be included in my bank statement and will serve as my receipt. This authorization shall remain in effect until I notify the Finance Office of the Church and Academy. In the event of an error, I retain the right to terminate or reverse my monthly donation by written notice.

Start date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_