



**PRESBYTERIAN RETIREMENT
COMMUNITIES NORTHWEST**

EXETER HOUSE • PARÉ SHORE • SKYLINE AT FIRST HILL

We hereby authorize PRCN to initiate debits to the financial institution indicated below and to charge the full amount on our monthly statement to our

_____ Checking account _____ Savings account

Financial Institution Name: _____

Branch: _____

Transit Routing Number: _____

(Please see the lower-left corner of your check or call you Financial Institution)

Name on Account: _____

Account Number: _____

Address: _____

City: _____

State: _____ Zip: _____

This authority is to remain in full force and effect until you have received written notification from either of us of its termination.

Name: _____

Signature: _____

Name: _____

Signature: _____

Date: _____

Please attach a voided check.