

EFT AUTHORIZATION FORM

ID No. _____

Name _____

For Internal Use

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email _____

Day of the month to make EFT Donation: 1st 15th Date to begin EFT Donation: _____
(Circle One)

Designation:

1. General Donation of \$ _____
2. Specific Donation of \$ _____

As a convenience to me, I authorize my bank, named below, to withdraw funds from my account. I understand that I remain in full control of my transactions and that this method of donation may be stopped at any time. Any changes in the monthly contribution can be made by contacting NAC, P. O. Box 6368, Harrisburg, PA 17112 or (717) 540-5608. Changes may also be made at designated office.

Bank Acct # _____ Routing No. _____

Checking or Savings

A voided check must accompany this authorization.

Bank Name _____ City, State _____

Account Holder's Signature

Date