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) *(please allow 2 weeks for initial set-up)*

Monthly Tithe Amount: $_____

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 by fax to (717) 541-4945.

Bank Acct #_____ Routing No. _____

☐ Checking or ☐ Savings

A voided check must accompany this authorization.

Bank Name _____ City, State_____

_____ _____
Account Holder's Signature Date

ATTACH VOIDED CHECK HERE