



# The Northwest Catholic Counseling Center

## Faithful Friends Automatic Donation Enrollment Form Checking Account Debit

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Attach Void Check Here*  
**(Do not send Deposit Slips)**

Amount of authorized debit (withdrawal): \$ \_\_\_\_\_

Withdrawal Period (circle one): Monthly Quarterly (Feb, May, Aug, Nov) Annually (Month): \_\_\_\_\_

Date of Withdrawal (circle one): 1<sup>st</sup> 15<sup>th</sup>

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

(Co-owner) Signature \_\_\_\_\_ Date \_\_\_\_\_

*Donations are tax-deductible. Tax ID 93-1088962*

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[www.nwcounseling.org](http://www.nwcounseling.org)