



# 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 \_\_\_\_\_

*I authorize The Northwest Catholic Counseling Center to charge my bank account on the schedule stated below. This authority will remain in effect until I notify The Northwest Catholic Counseling Center otherwise.*

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

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

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

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

Date of Withdrawal (circle one):      10<sup>th</sup>      25<sup>th</sup>

In order for more of your donation to go toward helping clients, you have a choice to pay an additional processing fee of 3.75% + \$0.37 to cover expenses:

I accept the additional processing fee to my total payment.

I prefer not to pay the processing fee at this time.

**Please mail this form and voided check to:**      NCC  
8383 NE Sandy Blvd., #205

*A State Certified Counseling Agency*

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

*No goods or services were exchanged for this donation*

8383 N.E. Sandy Boulevard, Suite 205 • Portland, Oregon 97220 • 503.253.0964

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

Portland, OR 97220