

NATIONAL CATHOLIC
REPORTER

**MONTHLY ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION
For THE NATIONAL CATHOLIC REPORTER**

I hereby authorize *The National Catholic Reporter Publishing Company* to initiate debit entries to my account and, if necessary, credit entries and adjustments for any debit entries made in error.

Account Type: Checking Savings

Name on the Account: _____

Bank Name: _____

Bank City: _____ State: _____

Account Number: _____ Routing Number: _____

*Please attach a "voided" check for verification of your account information.

Donor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Amount of Monthly Transfer: \$ _____

Preferred Date of Transfer (**please circle**): On the 5th or 15th of the month

This authorization remains in effect until I provide the *National Catholic Reporter Publishing Company* a written request to terminate the transfer. At that time, the recurring monthly transfer will be cancelled within 30 days of receiving the written notification.

Signature: _____ Date: _____

Thank you for your support. Questions? Call 1-800-444-8910 ext. 2233