



CUSTOMER AUTHORIZATION FOR AUTOMATIC WITHDRAWAL
inCOMMON Community Development – PO Box 3451 – Omaha, NE 68103-0451 – 402.933.6672

A. Banking/Financial Institution Information

Your Name (please print)

Name of Bank/Financial Institution

\$ _____
Monthly amount to be debited for transfer

Routing/ABA No.

Month you would like transfers to begin
(transfers are made on the 15th of each month):

Account # Checking
 Savings

Name of inCOMMON Staff Member you are supporting

B. Authorization Statement

I, _____ (your name) authorize inCOMMON Community Development to debit the above amount from the financial institution indicated above for withdrawal from my account to be credited towards the inCOMMON Community Development General Fund. I understand I may terminate this agreement at any time by completing another Customer Authorization form and sending it to inCOMMON Community Development, allowing a reasonable time for inCOMMON Community Development to act upon my request for termination. I hereby authorize inCOMMON Community Development to initiate debit entries and initiate, if necessary, credit entries and adjustments for any debit entries in error to my account as indicated above and depository named above to debit and/or credit the same to such account.

Your Signature

Date signed

C. Please attach a voided check and return form to address above.