



## PARTNERSHIP RESPONSE FORM

*I want to partner with inCOMMON in "uniting and strengthening vulnerable neighborhoods" through...*

\_\_\_\_\_ Monthly Support in the amount of \$\_\_\_\_\_/mo . (\*gifts are tax deductible)  
(if desired, auto withdrawal feature is provided below)

\_\_\_\_\_ A One-Time Gift in the amount of \$\_\_\_\_\_.

\_\_\_\_\_ I'm unable to partner at this time

*(Please complete and return to inCOMMON Community Development – PO Box 3451 – Omaha, NE 68103-0451)*

(cut here)

### 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  
(transfers will be made on the 15<sup>th</sup> of the month):

\_\_\_\_\_  
Routing/ABA No.

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Account #  Checking  
 Savings

#### 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 staff account of \_\_\_\_\_ (staff member name). 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.

\_\_\_\_\_  
Customer signature

\_\_\_\_\_  
Date signed

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