AUTHORIZATION FOR AUTOMATIC WITHDRAWAL

Purpose of Authorization (check one)

_____ New Authorization (Complete A, B, C and F)

_____ Changes to existing authorization (Complete A, B, D and F)

_____ Cancellation (Complete A and E)

A. MEMBER INFORMATION

_____
Name (please print)

_____ _____
Address Phone Number

_____
City, State, Zip

B. BANKING/FINANCIAL INSTITUTION INFORMATION

_____ _____
Name of Bank/Financial Institution Bank Routing #

_____ ____Checking
Account # ____Savings

Amount to be withdrawn on the 2nd of each month $_____

Amount to be withdrawn on the 16th of each month $_____

C. NEW AUTHORIZATION STATEMENT

I authorize Nebraska Children's Home Society Foundation to debit the above amount from the financial institution indicated above for withdrawal from my account. I understand I may terminate this agreement at any time by completing another authorization form and sending it to NCHS Foundation to act upon my request. I hereby authorize NCHS Foundation to initiate debit entries and, if necessary, credit entries and adjustments for any debit entries in error to my account as indicated above. I also authorize the depository named above to debit and/or credit the same to such account.

_____ _____
Signature Date Signed

D. CHANGE AUTHORIZATION STATEMENT

I authorize and request NCHS Foundation to make the changes indicated on this form for automatic withdrawals to my account.

_____ _____
Signature Date Signed

E. CANCELLATION STATEMENT

I request that NCHS Foundation terminate my automatic withdrawal from my account. I will allow a reasonable time for NCHS Foundation to act upon my request to terminate this agreement.

_____ _____
Signature Date Signed

F. ATTACH A VOIDED CHECK AND RETURN THIS FORM IN AN ENVELOPE TO:

NCHS Foundation * 4939 So. 118th St. * Omaha, NE 68137