

**Authorization Agreement
for Automatic Withdraw
from
Checking or Savings Account**



**United Way of Lincoln
and Lancaster County**

I hereby authorize United Way of Lincoln and Lancaster County to initiate debit entries to the account indicated below. This authorization is to remain in effect until United Way of Lincoln and Lancaster County has written notification from me of its termination.

ACCOUNT TYPE:

Checking

Savings

Withdrawal Amount: \$ _____

Monthly

Lump Sum

Withdrawals are taken out of designated account the 15th of the month following the receipt of this form.

SIGNATURE: _____

DATE: _____ PHONE NUMBER: (____) _____

PLEASE ATTACH A VOIDED CHECK OR COPY OF A VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP IN THIS SPACE.

*Please retain a copy of this form
before forwarding to:*

*Finance Director
United Way of Lincoln
and Lancaster County
206 South 13th Street, Ste. 100
Lincoln, NE 68508*