



DONOR ACH AUTHORIZATION

I (we) wish to make a tax-deductible gift on a monthly basis. I (we) authorize the Nebraska Community Foundation and my (our) financial institution to initiate a monthly withdrawal from the bank account listed below. I (we) understand that this gift will be deducted from my (our) account on the last business day of each month:

Amount: \$ _____ per month

My contribution is to benefit (check one):

- The Nebraska Community Foundation
 The following Affiliated Fund (insert name of Affiliated Fund): _____

Please designate this gift to the following account (Choose One):

- General Unrestricted Endowment Other (Specify): _____

Beginning Month/Year: _____

Ending (Choose One): No End Date Ending Month/Year: _____

I (we) authorize any necessary credit entries, debit entries and adjustments to my (our) account in connection with this transaction.

This authority will remain in effect until (1) the Nebraska Community Foundation has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Nebraska Community Foundation reasonable opportunity to act on it; or (2) the end date noted above.

<hr/> <p>Donor Name(s) (Please Print)</p>
<hr/> <p>Address</p>
<hr/> <p>City / State / Zip Code</p>
<hr/> <p>Phone Number</p>
<hr/> <p>Signature of Account Owner Date</p>
<hr/> <p>Signature of Account Co Owner Date</p>

<hr/> <p>Financial Institution Name</p>
<hr/> <p>Branch (if applicable)</p>
<hr/> <p>City / State / Zip Code</p>
<hr/> <p>Transit Routing Number (ABA)</p>
<hr/> <p>Account Number at Financial Institution</p>
<p><input type="checkbox"/> Checking Account</p>
<p><input type="checkbox"/> Savings Account</p>

Rev. 09/2008

Example of banking information:

Your Name	0101
Street Address	Date _____
City, State, Zip Code	
Pay to the Order of _____	\$ <input type="text"/>
	Dollars
Financial Institution	
Street Address	
City, State, Zip Code	
Memo _____	
⑆123456789⑆ 987654321⑆ 0101	

Transit Routing Number (ABA) Account Number

Safeguarding Your Information:

To ensure your personal information is safe, we have in place several safeguards. We require our employees to treat your personal information as confidential. We restrict access of your nonpublic personal information to those employees who need to know that information to complete these transactions.

**Please mail this completed form to: Nebraska Community Foundation
P.O. Box 83107
Lincoln, NE 68501-3107**

If you have questions, please contact Accounting at (402) 323-7330.