



If you would like to make a **monthly donation** using electronic fund transfer between your checking account and the Food Bank of Lincoln's checking account, you have that option. We guarantee the information is uploaded to a secure Union Bank website.

Please print and complete this form and send it along with a voided check to:

Food Bank of Lincoln
Attn: Nancy Gritz
4840 Doris Bair Circle, Ste. A
Lincoln, NE 68504-1465

You may also send information electronically after scanning the required materials. Email your information to:

ngritz@lincolnfoodbank.org

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED (ACH) PAYMENTS

Company Name: Food Bank of Lincoln, Inc

I (we) authorize the above Company to initiate debit entries to my (our) checking/ savings account (select one) indicated below and the depository financial institution named below to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____ Start Date: _____

Routing Number: _____ Account Number: _____

Payment Frequency: MONTHLY* Payment Amount: _____

(This donation option is available for monthly donations only. Transactions are processed mid-month.)

Disclosures

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed by the Company prior to receipt of notice of termination.

I (we) further authorize the Company to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto. I (we) authorize the Depository to accept and to credit or debit the amount of such entries to my (our) account.

I (we) have the right to stop payment of any entry by notification to Depository prior to the posting of item to the account.

The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the Rules of NACHA as now or hereafter in effect and agrees to be bound thereby:

Customer Name(s): _____

Signature: _____ Date: _____

Thank you for supporting the Food Bank of Lincoln!