

AUTHORIZATION FOR AUTOMATIC WITHDRAWAL
Nebraska Coalition for Ethical Research
Omaha, NE 68114

Purpose of Authorization (check one)

_____ **NEW Authorization**
(Complete Sections A, B, C, F)

_____ **CHANGE Authorization**
(Complete Sections A, B, D, F)

_____ **CANCELLATION**
(Complete Sections A and E)

Section A: Account Holder Information

Company/Account Holder's Name (Please Print)

(Department or Organization)

Section B: Banking/Financial Institution Information

Name of Bank/Financial Institution

Routing Transit/ABA Number

Address of Financial Institution

Account Number

_____ Checking

_____ Savings

Authorized Amount \$ _____ Authorized Date _____ Frequency _____

Section C: New Authorization Statement

I authorize _____ 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 _____, allowing a reasonable time to make modifications or terminate my request. I hereby authorize _____ 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.

Account Holder's Signature

Date Signed

Section D: Change Authorization Statement

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

Section E: Cancellation Statement

I request that _____ terminate my authorized automatic withdrawals to my account. I will allow reasonable time for _____ to act upon my request to terminate this agreement.

Account Holder's Signature

Date Signed

Section F: Attach a voided check and return this signed form to employer