

**DONOR AUTHORIZATION FOR AUTOMATIC WITHDRAWAL**  
**SIENA/FRANCIS HOUSE – P.O. BOX 217 DTS – OMAHA, NE 68101 – 402-341-1821**

**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. Customer Information**

\_\_\_\_\_  
Your Name (please print)

\_\_\_\_\_  
Your Social Security Number

\_\_\_\_\_  
Your Address

**B. Banking/Financial Institution Information**

\_\_\_\_\_  
Name of Your Bank/Financial Institution

\_\_\_\_\_  
Phone # of Your Bank (Include area code)

\_\_\_\_\_  
Address of Your Bank/Financial Institution

\_\_\_\_\_  
Routing/ABA No.

Checking  Savings

\_\_\_\_\_  
Account #

Monthly amount to be  
debited for transfer \_\_\_\_\_

Debited on the 5<sup>th</sup>  Debited on the 20<sup>th</sup> (Check one)

**C. New Authorization Statement**

I authorize Siena/Francis House to debit the above amount from the financial institution indicated above for withdrawal from my account. I understand that I may terminate this agreement at any time by completing another Customer Authorization form and sending it to Siena/Francis House, allowing a reasonable time for Siena/Francis House to act upon my request for termination. I hereby authorize Siena/Francis House 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 credits the same to such account.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date signed

**D. Change Authorization Statement**

I authorize and request Siena/Francis House to make the changes indicated on this form for automatic withdrawals to my account.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date signed

**E. Cancellation Statement**

I request that Siena/Francis House terminate my automatic withdrawal from my account. I will allow a reasonable time for Siena/Francis House to act upon my request to terminate this agreement.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date signed

**F. Attach a voided check and return form to address above.**