



Authorization for Direct Payment

“First Fruits”

Peace Lutheran Church

I authorize Peace Lutheran Church of Sioux Falls and the financial institution named below to initiate entries to my checking or savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

This is a New Enrollment Authorization Change in Authorized Amount Change in Account

(NAME OF FINANCIAL INSTITUTION)

(BRANCH)

(CITY)

(STATE)

(ZIP CODE)

(MY SIGNATURE)

(DATE)

(NAME - PLEASE PRINT)

(ADDRESS - PLEASE PRINT)

Account No. _____ Checking or Savings

Amount of Total Withdrawal \$ _____

How do you want your total withdrawal designated? General Fund \$ _____ Current Mortgage \$ _____
Capital Campaign \$ _____

Frequency of funds transfer Weekly on Monday Semi-Monthly (transferred on 1st & 15th of month)
 Monthly on the 1st Monthly on the 15th Start Date _____

Financial Institution Routing Number _____
(between these symbols ■ ■ on the bottom left of your check)

Please attach a voided check.

RETAIN FOR YOUR RECORDS

On _____ I authorized
(DATE)

Peace Lutheran Church

(COMPANY NAME & DEPT.)

5509 W 41st Street, Sioux Falls, SD 57106

(ADDRESS)

to initiate electronic entries to my checking or savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by writing to the address above.

Initial payment amount: \$ _____ (if payment amount changes we will notify you at least 10 days before the regularly scheduled payment date.)

Amount will be withdrawn on the _____ day(s) of each month.