



South Dakota Synod
Evangelical Lutheran Church in America
God's work. Our hands.

I/We wish to make a gift to the South Dakota Synod, ELCA by Automatic Debit/Withdrawal.

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Total Amount of withdrawal _____ Amount per withdrawal _____

Withdraw on the _____ First of the Month _____ the Fifteen of the Month

Withdraw _____ monthly _____ quarterly _____ semi-annually _____ annually

First Withdrawal Date _____

Last Withdrawal Date _____

Please credit this gift as a contribution towards _____

AUTHORIZATION FOR AUTOMATIC DEBIT/WITHDRAWAL

I/We authorize The South Dakota Synod, ELCA to initiate withdrawal (debit) entries and, if necessary, to initiate any reversing entries to correct an erroneous withdrawal entry to my/our account at the DEPOSITORY (identified below), for the purpose of automatically withdrawing funds from my/our account. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

Depository Name: _____

Branch: _____

City: _____

Phone: _____

Routing Number: _____

See attached voided check/draft or deposit slip
(for checking accounts submit a voided check, for savings
accounts submit a voided deposit slip)

Account Number: _____

Checking Savings _____

I/We understand that this authorization replaces any previous authorizations and will remain in full force and effect until The South Dakota Synod, ELCA has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) (Print or Type): _____

ID # _____

(Signature)

(date)

(Signature)

(date)