



First Fruits Giving Authorization Form

All gifts associated with this intent will be deposited in OSL's General Fund.

Authorization for Direct Payment for First Fruits Giving

I (we) authorize Our Savior's Lutheran Church to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows (select one):

- Checking Account
- Savings Account

This should be done at the depository financial institution named below ("depository"). I (we) agree that transactions I (we) authorize comply with all applicable law.

Depository Name _____

Routing Number _____

Account Number _____

Amount of debit(s) or method of determining amount of debit(s): _____

I (we) authorize this withdrawal to start on _____ (Date)

Please select when you wish the withdrawal to take place:

Weekly on Monday

Monthly on the 1st

Monthly on the 15th

If new authorization, or change in account, attach a voided check or savings deposit slip

I (we) understand that this authorization will remain in full force and effect until I (we) notify, by calling or in writing, the Business Administrator at Our Savior's Lutheran Church (909 W. 33rd Street, Sioux Falls, SD), or 605-336-2942, ext. 23) that I (we) wish to revoke this authorization. I (we) understand that Our Savior's Lutheran Church requires at least five days' notice prior to the withdrawal date in order to cancel this authorization.

Name(s) _____ (Please Print)

Address _____

Date _____ Signature(s) _____