



GRACE LUTHERAN CHURCH

PO Box 667, Parker, SD 57053

Pastor Don Reiffenberger

605.297.4417 graceluth@iw.net

Grace Lutheran Church EFT Giving through First Savings Bank, Parker, SD

Your banking information:

Name of your banking institution: _____

Routing number: _____

Account number: _____

Account type: ____checking ____savings

Amount to be deducted from my account every transaction:

\$_____ General Fund \$_____ Audio/Visual Fund

\$_____ Quarterly Offering \$_____ Sunday School

\$_____ Building Fund \$_____ Faith in Action

Select one or both:

1st of the month _____

15th of the month _____

I hereby authorize Grace Lutheran Church to deduct the requested amount and frequency from my specified banking institution above. I understand that this authorization will remain in effect until cancelled by me. I further understand that all changes made to my transactions will require a 2-week notice.

Signature _____ Date _____

**This form will stay on file for 2 years after cancellation of transaction authorization.*