

AUTHORIZATION FOR ACH TRANSFER

I authorize First National Bank South Dakota to initiate debit/credit entries to my checking/savings account. This authority will remain in effect until I notify First United Methodist Church to cancel. I can stop the transfer of any entry by notifying First United Methodist Church at least five (5) business days before my account is to be debited. First National Bank South Dakota also reserves the right to revoke this transfer and First United Methodist Church will notify me at least 14 days prior to the scheduled date of processing.

TRANSFER AMOUNT \$ _____

START DATE: _____
2nd of the month _____
17th of the month _____
or both _____

Info of Acct. to be DEBITED:

(NAME OF FINANCIAL INSTITUTION) (BRANCH)

(CITY) (STATE) (ZIP CODE)

Financial Institution Routing Number _____

Account No.: Checking _____ or Savings _____
(PLEASE PROVIDE A VOIDED CHECK)

(SIGNATURE) (DATE)

(NAME - PLEASE PRINT)

(STREET OR BOX - PLEASE PRINT) (CITY, STATE, ZIP CODE - PLEASE PRINT)

RETAIN FOR YOUR RECORDS

On _____ I authorized First National Bank South Dakota P.O. Box 1366, Mitchell, SD 57301, (605)996-7755 or 1-800-893-8435, to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke this authorization by notifying First United Methodist Church any time prior to 10:00 a.m. five (5) business days before the transfer is to occur. Also, First National Bank South Dakota reserves the right to revoke the service by giving at least 14 days notice prior to a transfer being made.

Transfer Amount \$ _____

Start Date _____
2nd of the month _____
17th of the month _____
or both _____