



Emmanuel Episcopal Church

Electronic Funds Transfer (EFT) AUTHORIZATION FORM

For your convenience we can automatically deduct your pledge from your bank account. Please fill out this form and return it to the Church Office with a voided check attached.

Name: _____
Address: _____ City: _____ St: _____ Zip: _____
email: _____
Phone: _____

⇒ PLEASE ATTACH A VOIDED CHECK ⇐

Name of Bank: _____
Bank Routing Number: _____
Account Number: _____ Savings Checking

SELECT PAYMENT OPTION:

Please deduct \$ _____ from my bank account each month.

1st Monday of the month

3rd Monday of the month

Please deduct equal installments each month from my bank account until my pledge is fulfilled.

1st Monday of the month

3rd Monday of the month

One time amount: \$ _____

Schedule these future payments:

\$ _____ date: _____

\$ _____ date: _____

\$ _____ date: _____

Signature: _____ Date _____

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