



## Electronic Funds Transfer Authorization

Your gift through Electronic Funds Transfer (EFT) is a convenient, easy way to support the Presentation Sisters. When you enroll, your gift will be automatically transferred from your checking/savings account or your credit card. All gifts are processed on or around the first of each month and will appear on your checking/savings account or credit card statement. You may change or cancel your gift at any time by notifying the Presentation Sisters Mission Development Office in writing. Thank you for your ongoing support of the Presentation Sisters.

### DONOR INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### GIFT INFORMATION

Monthly Gift Amount: \_\_\_\_\_ I would like my gift to begin on: \_\_\_\_\_ Payment Date will be 5<sup>th</sup> day of each month.  
(minimum gift is \$10 monthly) (month/year) \_\_\_\_\_

#### Please use my gift for:

##### Hispanic Ministry

- Caminando Juntos, Sioux Falls, SD  
 Hispanic Outreach, Aberdeen, SD

##### Presentation Leadership Camp

- L.I.V.E. Latina - Omaha, Neb.

- Catholic School Scholarship

- Good Samaritan Ministry for  
Adults/Children

##### International Ministry

- Kaoma Zambia, Africa (S. Virginia McCall)

##### Youth Outreach

- Vocation Outreach Ministry

- Sisters' Most Needed

### PAYMENT OPTIONS

\_\_\_\_\_ Monthly transfer from checking/savings account (please attach voided check)

Financial Institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_ Checking Account \_\_\_\_\_ Savings Account \_\_\_\_\_

### Statement of Authorization

I authorize the Sisters of the Presentation of the Blessed Virgin Mary and Dacotah Bank of Aberdeen to initiate recurring EFT withdrawal transactions as indicated above. I understand that a record of each gift will be included on my monthly bank or credit card statement. I may change or cancel this recurring payment at any time by notifying the Mission Development Office in writing by the 15<sup>th</sup> of the month in order to alter the next month's transaction.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please sign this form. If paying via EFT, remember to attach a voided check. Mail completed form to: Presentation Sisters Mission Development Office, Attn: Barb Grosz, 1500 N. 2<sup>nd</sup> Street, Aberdeen, SD 57401

For questions, please contact Barb Grosz in the Mission Development Office at 605-229-8391 or [bgrosz@presentationsisters.org](mailto:bgrosz@presentationsisters.org)

### RETAIN FOR YOUR RECORDS

On \_\_\_\_\_ I authorized Dacotah Bank, 308 S. Main Street, Aberdeen, SD 57401  
(Date)

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by writing to the address above.

Payment Amount: \$ \_\_\_\_\_ per month. Regular Payment Date: 5<sup>th</sup> day of each month