Authorization for Direct Giving

The Point is to Serve

I authorize The Point is to Serve and the financial institution named below to initiate entries from my *(choose one)* ❑ checking OR ❑ savings account. This authority will remain in effect until I give reasonable notification in writing to terminate the authorization.

(NAME OF FINANCIAL INSTITUTION) (BRANCH)

(CITY) (STATE) (ZIP CODE)

(MY SIGNATURE) (DATE)

(YOUR NAME - PLEASE PRINT)

(STREET ADDRESS, CITY/STATE/ZIP CODE - PLEASE PRINT)

Account No. _____ ❑ Checking or ❑ Savings

Amount of Withdrawal $ _____ ❑ Once a Month: on the: ❑ 10th OR ❑ 25th *(choose one)*

OR

❑ Twice a Month: on the 10th AND 25th

Financial Institution Routing Number: _____
(between these symbols ⑆ ⑆ on the bottom left of your check)

Please attach a voided check (checking account) or deposit slip (savings account).

RETAIN FOR YOUR RECORDS

On _____ I authorized:
(DATE)

The Point is to Serve
506 N. Kiwanis Avenue
Sioux Falls, SD 57104

to initiate electronic entries from my ❑ checking or ❑ 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: $_____
Amount will be withdrawn on the day(s) of each month.