

## Authorization for Direct Payment

For Automatic Payment of:  Contributions  Student Account  Other \_\_\_\_\_

### Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

### Account Information

Financial Institution: \_\_\_\_\_ Branch \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_ Country: \_\_\_\_\_

Name on Account (Print) \_\_\_\_\_ Account No. \_\_\_\_\_

Address (Print) \_\_\_\_\_  Checking  Savings

\*Payment Amount: \_\_\_\_\_ Routing Number \_\_\_\_\_  
(between symbols ■■ ■■ at the bottom left of the check)

By signing below, I authorize Sioux Falls Seminary and the financial institution above to initiate entries to my checking/savings account on the 20th of each month. This authority will remain in effect until I notify Sioux Falls Seminary in writing to cancel it, in such time as to afford a reasonable opportunity to act. I can stop payment of any entry by notifying my financial institution three days before my account is charged. *\*If the payment amount changes, I will notify Sioux Falls Seminary at least ten days before the regularly scheduled payment date.*

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