AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

TRINITY COLLEGE OF THE BIBLE AND THEOLOGICAL SEMINARY

I hereby authorize Trinity College of the Bible and Theological Seminary, hereinafter called Trinity, to initiate debit entries and any adjustments to correct errors to my checking account indicated below and the depository name below, hereinafter called DEPOSITORY, to debit same to such account.

DEPOSITORY NAME: ________________________________________________

CITY: ________________________ STATE: _____ ZIP: ____________

This authority is to remain in full force and effect until Trinity has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Trinity a reasonable opportunity to act on it.

Payment Date Selection (Please select one):  ___ 7th ___ 14th of each month.

A twenty-five dollar ($25.00) ACH fee will be assessed if a charge goes through and funds on deposit are insufficient.

The monthly billing statement will be processed on the 26th day of the month or the first business day following.

NAME ___________________________ ID #: ______________________

DATE: ___________  SIGNED: ________________________________

ATTACH YOUR VOIED CHECK HERE