

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 VOIDED CHECK HERE