



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 Taylor 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 Taylor 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 Taylor Seminary at least ten days before the regularly scheduled payment date.*

Signature _____ **Date** _____