

DIRECT DEBIT AUTHORIZATION FORM

I/We hereby authorize Saint John Vianney College Seminary to initiate debit entries as indicated below from my/our (select one):

Checking Account Savings Account

The account information and depository financial institution (bank) is listed below as well as the authorized debit amount. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

BANK ACCOUNT INFORMATION

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip Code: _____

Routing Number: _____ Account Number _____

Debit Amount Authorized: \$ _____

Single Payment

Recurring Payment: Monthly Quarterly Annually

If a recurring payment, please send receipt letters: with each payment at year end only

This authorization is to remain in effect until _____ (date) or until Saint John Vianney College Seminary receives written or verbal notification from me (or either of us) of its termination in such time and in such manner as to afford Saint John Vianney College Seminary and the named depository financial institution a reasonable opportunity to act upon the request.

Printed Name(s): _____

Signature: _____ Date: _____

Note: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization. As the receiver, you may revoke this authorization by notifying: *Saint John Vianney College Seminary • Institutional Advancement • 2115 Summit Avenue Mail 5024 • Saint Paul, MN 55105-1048 • Phone: (651) 358-3368.*

PLEASE ATTACH A VOIDED CHECK - **NOT** A DEPOSIT SLIP

Complete and return to: *Saint John Vianney College Seminary • Institutional Advancement • 2115 Summit Avenue Mail 5024 • Saint Paul, MN 55105-1048.*



**SAINT JOHN VIANNEY
COLLEGE SEMINARY**

The Seminaries of Saint Paul