

# DIRECT DEBIT AUTHORIZATION FORM

I/We hereby authorize The Saint Paul 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 The Saint Paul 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 The Saint Paul Seminary and the named depository financial institution a reasonable opportunity to act upon the request.

Printed Name(s): \_\_\_\_\_

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

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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: *The Saint Paul Seminary School of Divinity • Institutional Advancement • 2260 Summit Avenue • Saint Paul, MN 55105-1010 • Phone: (651) 962-5795.*

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

Complete and return to: *The Saint Paul Seminary School of Divinity • Institutional Advancement • 2260 Summit Avenue • Saint Paul, MN 55105-1010 • Fax: (651) 962-5790.*



**SAINT PAUL SEMINARY  
SCHOOL OF DIVINITY**

University of St. Thomas