



EFT Debit/Bank Draft/Credit Card Authorization Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Amount of Monthly Gift: \$ _____

Designation of Monthly Gift: _____ Trinity Fund _____ Scholarship Fund

_____ Other: _____

Please choose one of the following methods:

Bank Name:

Routing Number: _____

Account Number: _____

Type of Account: _____ Checking _____ Savings

***Please include a voided check for your account
and return with this form.***

I/We authorize Trinity Anglican Seminary to debit my/our checking/savings account indicated at the financial instruction above. I/We acknowledge that the origination of the ACH transactions to my/our account must comply with the provisions of U.S. Law. Fees for returned items may be charged. I/We agree not to hold Trinity responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. The terms of this request shall continue until Trinity Anglican Seminary is notified in writing to change this agreement.

OR

Credit Card (circle one):

Visa MasterCard American Express

Other: _____

Credit Card Number:

Expiration Date: _____

Security Code: _____

I/We authorize Trinity Anglican Seminary to initiate credit card withdrawals to my/our card named above. I agree not to hold Trinity Anglican Seminary responsible for any delay due to incorrect or incomplete information supplied by me or my credit card company or due to an error on the part of my credit card company in depositing funds to my account. This agreement will remain in effect until I or my credit card company notifies Trinity in writing that I am canceling this agreement.

Date: _____

Name(s) Printed: _____

Signature(s): _____