



Monthly Debit Authorization Form

I (we) hereby authorize Puritan Reformed Theological Seminary to initiate a monthly charge entry to my (our) checking / savings account at the Financial Institution indicated below, or to my credit card and initiate adjustments (if necessary) for any transactions debited in error. Transactions will take place on either the 5th or 20th of each month (or the next business day if either the 5th or 20th falls on a weekend). This authority will remain in effect until Puritan Reformed Theological Seminary is notified by me (us) in writing to cancel it in such time as to afford Puritan Reformed Theological Seminary a reasonable opportunity to act on it.

Name of Financial Institution

Location (City and State)

Financial Institution's Routing/Transit Number: _____
(Look between symbols ||: :| on your check, nine-digit number)

Donor Signature

Date

Transaction Date (circle one)
5th / 20th

Donor Name (Please Print)

SELECT ONE OF THE FOLLOWING:

Checking Account Number: _____ or

Savings Account Number: _____

❖ Please include a voided check for verification – thank you.

I would like my monthly gift amount to be:	
<input type="checkbox"/> \$20	<input type="checkbox"/> \$500
<input type="checkbox"/> \$25	<input type="checkbox"/> \$1000
<input type="checkbox"/> \$50	<input type="checkbox"/> Other \$ _____
<input type="checkbox"/> \$75	
<input type="checkbox"/> \$100	

CREDIT CARD PAYMENT METHOD (VISA / MC / DISCOVER / AMEX) PLEASE CIRCLE

Charge my Debit/Charge card: Card # _____

Exp. Date ____ / ____ Security Code _____

Name

Address

City/State/Zip

Phone

Email

Mail: PRTS 2965 Leonard Street NE, Grand Rapids, MI 49525

Tel: 616.977.0599 Web: www.prts.edu