



# Saint John's

SCHOOL OF  
THEOLOGY·SEMINARY

## AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

I hereby authorize Saint John's School of Theology-Seminary to initiate debit entries to my

\_\_\_\_ checking account

\_\_\_\_ savings account

Donor signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please attach a voided check or savings deposit slip to provide account and routing information.\*\***

This gift is to be applied to the Annual Fund on the following schedule:

- . Once: \$\_\_\_\_\_ now.
- . Annually: \$\_\_\_\_\_ now and \$\_\_\_\_\_ each December 3.
- . Semi-Annually: \$\_\_\_\_\_ now and \$\_\_\_\_\_ each December 3 and June 3.
- . Quarterly: \$\_\_\_\_\_ now and \$\_\_\_\_\_ each September 3, December 3, March 3, and June 3.
- . Monthly: \$\_\_\_\_\_ now and \$\_\_\_\_\_ on the 3rd of each month.

My employer, or my spouse's employer, will match my gift. I have enclosed the matching gift form. \_\_\_\_

Donor Name: \_\_\_\_\_ Class Year: \_\_\_\_\_

Donor Address: \_\_\_\_\_  
\_\_\_\_\_

Donor Phone: \_\_\_\_\_

*Automated Gift Plans remain in effect until cancelled in writing or by calling 320-363-3570. Should a processing error occur, we reserve the right to correct said error.*

Send this form and a voided check or savings deposit slip to:  
Saint John's School of Theology-Seminary  
Development Office  
P.O. Box 5866  
Collegeville, MN 56321-5866