Consumer Authorization for Direct Payment via ACH

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 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   Account
Number: _____   Number: _____

Debit Amount Authorized: $ _____

    □ Single Payment

    □ Recurring Payment: □ Monthly   □ Quarterly   □ Annually

Date of debit (if Single Entry) or date of first debit: _____

This authorization is in effect until _____(date) or until The Saint Paul Seminary receives notification from me in writing or by phone that I (we) wish to revoke this authorization. I (we) understand that The Saint Paul Seminary requires at least 3 days prior notice in order to cancel this authorization.

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

Complete and return to: The Saint Paul Seminary • Institutional Advancement • 2260 Summit Avenue • Saint Paul, MN 55105-1010