

URBANA THEOLOGICAL SEMINARY

ACH PARTICIPANT AUTHORIZATION FORM



AUTHORIZATION AGREEMENT FOR AUTHORIZED PAYMENTS

Urbana Theological Seminary
314 E. Daniel Street
Champaign, IL 61820

217-365-9005
www.urbanaseminary.org

Date Authorized: _____

Date Effective: _____

I hereby authorize Urbana Theological Seminary, hereinafter called COMPANY, to initiate credit entries for payment and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated below and the depository named below, hereinafter called DEPOSITORY (i.e., your bank, from which the funds will be withdrawn), to credit and/or debit the same to such account.

DEPOSITORY NAME: _____

BRANCH: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ABA NUMBER (ROUTING NUMBER): _____

ACCOUNT NUMBER: _____ AMOUNT TO DONATE: _____

DEPOSITORY ACCOUNT TYPE (Check one): CHECKING _____ SAVINGS _____

I agree to surrender to COMPANY an unused and voided personal check from DEPOSITORY as verification for depository account stated above. This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME (please print): _____

SOCIAL SECURITY NUMBER: _____

SIGNATURE: _____

NAME (please print): _____

SOCIAL SECURITY NUMBER: _____

SIGNATURE: _____