

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

I authorize Virginia Theological Seminary, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credits in error to my Checking/Savings Account indicated below at the Depository Financial Institution named below, hereafter called Depository, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the Provisions of U.S. law.

□ Initial Authorization □ Change □ Cancellation  
  
Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Account

Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Type (check one): □ Checking □ Savings

This authorization is to remain in full force and effect until Virginia Theological Seminary has received a written notification from me of its termination in such time and in such as to afford Virginia Theological Seminary and the Depository a reasonable opportunity to act on it.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (Please print)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Company Name (if Applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address for notification of payment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return the form to:  
Finance Office  
Virginia Theological Seminary Box 124  
3737 Seminary Road  
Alexandria, VA 22304  
  
Forms can be faxed directly to: 703-751-0214 or Emailed to: accountspayable@vts.edu  
  
**NOTE: WRITTEN CREDIT AND/OR DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECIEVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**