

Phillips Theological Seminary Electronic Funds Transfer Form

I hereby authorize Phillips Theological Seminary to initiate a monthly debit of my checking or other listed financial account for the dollar amount(s) specified. I understand these funds will be credited monthly to the account of Phillips Theological Seminary as my regular charitable contribution. I further understand that my contribution is tax-deductible as allowed by law. The authority will remain in effect until I notify PTS in writing to cancel or amend it.

(PLEASE PRINT)

Name(s) as listed on the account _____

Home address _____

City _____ State _____ Zip _____

Home telephone number () _____

Financial institution name _____

Account number _____

CHECKING OR **SAVINGS** (please circle type of account)

9-digit bank routing number (which is between the symbols |: and |: on the bottom left of your check) _____

Amount to withdraw monthly \$ _____

Please withdraw funds from my account on the:

_____ 1st of the month (or the first business day following).

_____ 16th of the month (or the first business day following).

Signature _____ Date _____

(If joint account, both owners must sign)

Signature of co-owner _____ Date _____

PLEASE ATTACH A VOIDED CHECK AND RETURN YOUR COMPLETED FORM TO:

PHILLIPS THEOLOGICAL SEMINARY
901 N. Mingo Road
Tulsa, Oklahoma 74116

Thank you very much for supporting Phillips Theological Seminary's mission to prepare men and women for varied Christian ministries in church and society.