



### DIRECT DEBIT AUTHORIZATION

I/we hereby authorize Knox Theological Seminary, Inc. to initiate debit entries to my/our account at the financial institution (hereafter, BANK) as indicated below, and to debit the same to such account, for expenses incurred by the student named below (hereafter, STUDENT). I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law. I/we authorize Knox Theological Seminary, Inc. to debit my/our account for any and all tuition and published fees related to classes in which STUDENT is enrolled, unless a substitute financial method is provided by me/us and confirmed in writing by Knox Theological Seminary, Inc. No other charges will be made without my/our written permission. I/we understand this authorization remains in effect until and unless one or both account holders named below terminate the agreement in writing and receive written confirmation of the termination from Knox Theological Seminary, Inc.

Anticipated Start Date: \_\_\_\_\_

Please check one:  Residential  Online

Please check one:  Pay-as-you-go  Split Payments

Please check one:  Doctor  Master  Certificate  Audit  Other

STUDENT NAME: \_\_\_\_\_  
(Please Print)

#### **BANK INFORMATION (US BANK ACCOUNT ONLY)**

BANK NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

ACCOUNT TYPE:  CHECKING  SAVINGS

#### **ACCOUNT HOLDER(S) INFORMATION**

NAME \_\_\_\_\_ NAME \_\_\_\_\_  
(Please Print) (If Applicable)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
(If Applicable)

Please send the completed form back to: [studentaccounts@knoxseminary.edu](mailto:studentaccounts@knoxseminary.edu)