



Direct Donation Payment Authorization Form

Thank you for enrolling in MTSO's Direct Donation program. By completing and returning this form to us, you authorize monthly donations to be made from your checking or savings account. If you decide to modify or end your participation in the Direct Donation program, simply notify us in writing or via e-mail and we'll act on your request immediately.

Please complete the information below. If you are using a checking account, you may attach a voided check in lieu of filling out the financial institution and routing number below. Once you're enrolled, you'll receive a letter from us confirming the details of your donation.

Questions? Please contact the Development Office at giving@mtso.edu or 740-362-3123.

I authorize Methodist Theological School in Ohio to initiate electronic debit entries to this account:

Checking Savings

Deduct this amount per month: \$100 \$50 \$25 Other (please specify) \$ _____

Deduct on this day of each month: 1st 15th

I would like my donation to be designated for the following fund:

Methesco's Greatest Needs Seminary Scholarship No preference

Other (please specify): _____

Donor name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail _____

Supply this information if *not* providing a canceled check:

Financial institution name _____

Financial institution city and state _____

Account number _____ Routing number _____

(The 9-digit number in the lower left corner of each check;
for savings routing number, contact the financial institution)

I acknowledge that the origination of automated clearing house (ACH) transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have canceled it in writing.

Signature _____ Date _____

Mail to Development Office, MTSO, 3081 Columbus Pike, Delaware, OH 43015