



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 Claudine Leary at 740-362-3323 or cleary@mtso.edu.

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

☐ Checking ☐ Savings

Deduct this amount per month: ☐ \$25 ☐ \$10 ☐ \$5 ☐ 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 _____

Fax to 740-362-3135, Attention Claudine Leary

Mail to Claudine Leary, MTSO, 3081 Columbus Pike, Delaware, OH 43015