

ACH Debit Authorization
Mid America Reformed Seminary

229 Seminary Drive
Dyer, IN 46311

I hereby authorize Mid America Reformed Seminary to debit my account indicated below for \$_____ each_____.

Name: _____

Address: _____

Business Phone: _____ Date: _____

Signature _____

Depository Institution: _____

Branch: _____

City: _____ State: _____ Zip: _____

Transit/ABA Number: _____ Account Number: _____

Type of Account: _____ Checking _____ Savings

I understand that I am in full control of my payments, and if at any time I decide to discontinue the Automatic Payments, I will simply notify Mid America Reformed Seminary in writing of its termination in such time and manner as to afford Mid America Reformed Seminary and the Financial Institution a reasonable opportunity to act.

If you have any questions please contact Florence Kooiman at (219) 864 – 2400

Please send to:
Mid America Reformed Seminary
229 Seminary Drive
Dyer, IN 46311