



**LETTER OF AGREEMENT**

***Contributions by Electronic Fund Transfer to Bethany Theological Seminary***

This document indicates the intent of the Donor(s) named below to make charitable contributions to Bethany Theological Seminary through regular direct deposit (ACH) transfers. By executing this form, the Donor(s) authorizes Bethany Theological Seminary to initiate debit entries into its account at First Bank of Richmond as indicated below. The parties acknowledge that origination of transfers to Bethany's account must comply with all applicable provisions of US federal and state law. In the event of any question about applicability of state law, the law of Indiana shall be regarded as controlling.

Donor Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Donor's Bank \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Bank ABA Routing # \_\_\_\_\_  Checking  Savings Account # \_\_\_\_\_

➤ ***If contributions are to continue indefinitely, please complete the first two lines below.***

➤ ***If a specific total amount is intended, please complete all three lines. If the total contributed amount is not evenly divisible, indicate closest rounded amount so that deductions will be predictable and fixed.***

➤ ***Transfers can take place on the 9<sup>th</sup> or 19<sup>th</sup> of the month. Please indicate preferred date.***

1) Amount of each transfer: \$ \_\_\_\_\_ Date of first transfer (day/mo/yr): \_\_\_\_\_

2) Allocation of transfer:  Annual Fund  Other Designation: \_\_\_\_\_

3) Date of final transfer (day/mo/yr): \_\_\_\_\_ Total contribution to be made: \$ \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The Donor and Bethany agree to the following:**

- Bethany will send an accounting each January of all gifts in the previous calendar year for tax purposes.
- Donor will notify Bethany's Institutional Advancement Office *in writing two weeks in advance* of any date contributions are to be changed or ceased.

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Institutional Advancement Representative

\_\_\_\_\_  
Date