



WINEBRENNER

THEOLOGICAL SEMINARY

Electronic Funds Transfer (EFT) Donation Form

I /We hereby authorize Winebrenner Theological Seminary in Findlay, Ohio, to initiate a monthly debit entry in the amount listed below, from the account at the financial institution named below, and authorize the institution to debit the below named account for the same. This authorization is to remain in full force and effect until I/we notify Winebrenner Theological Seminary in writing to terminate the deduction.

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ E-mail Address _____

Financial Institution _____

Type of Account Checking (include a voided check)

Savings

Routing Number _____ Account Number _____

Please make transfers on the 5th or 20th of each month, beginning _____ (month/year)

Amount \$ _____

Purpose of Donation

Seminary Operations

Student Aid

Signature _____ Date _____

Signature* _____ Date _____

*Two signatures are required if the account requires two signatures on checks or withdrawals.

Please remember to

- Include a voided check
- Keep a copy of this form for your records
- Mail this completed form with voided check to:

Attention: Tom Weaver
Winebrenner Theological Seminary
950 N Main St, 2nd Floor
Findlay, OH 45840

Contact the Business Office if you have any questions about this form or about giving by EFT, if you wish to change your EFT donation in the future, or if you change financial institutions: business@winebrenner.edu or 419-434-4200