

Automated Giving Authorization Form

I authorize American Baptist Seminary of the West to debit my checking account as follows:

Checking Account No. _____

Please deduct \$ _____ each month.

Last Name

First Name

X _____

Authorized Signature

Date

Complete this authorization agreement and send it along with a check marked "VOID" to:

American Baptist Seminary of the West
Office of Seminary Relations
2606 Dwight Way
Berkeley, CA 94704-3029