



American Baptist Seminary of the West Automated Giving Authorization Form

Please indicate below the amount you would like to have deducted from your account and the date you would like the deductions to begin.

Please deduct \$_____ from my checking/savings (please circle one)

Monthly (on the first of the month)

beginning (indicate month and year) _____.

Type of account: _____

Account number: _____

Bank routing number: _____

Authorized Signature

Date

Please Print Name: _____

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

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