



Recurring Gift Form

Name:		
Address:		
City:	State:	Zip:
Phone:		
E-mail:		
Monthly Amount:		
Other Amount:		

Bank Draft Payments Agreement

This is my authorization to BiblicalTraining.org to automatically monthly debit my

Checking Savings Account

Number _____

Bank Transit/ABA No. _____

Financial Institution _____

City/State _____

**Please attach a voided check.*

Credit Card Authorization Agreement

This is my authorization to BiblicalTraining.org to automatically monthly debit my

Visa Mastercard Discover

Name on Card _____

Card No. _____

CVN No. _____

Expiration _____

Signature _____

ACH Preauthorized Payment Terms: I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account. I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 days following the date on which I was sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account. **This authorization is non-negotiable & non-transferable.** **Credit card authorization agreement terms:** I understand that this authorization will be in effect until I notify BiblicalTraining.org in writing or by phone that I no longer desire this service, allowing it reasonable time to act on my notification.

Donor Full Name:	
Signature:	Date: