

Housing Auto-Debit Permission Form

Name: _____ ID#: _____

I authorize Gordon-Conwell Theological Seminary to auto-debit my checking account \$_____ on the 1st day of every month. I also authorize GCTS to adjust my monthly rate in accordance with my housing agreement.

- I have included a void check with this form with my name and address printed on it (we cannot accept starter checks).
- I understand I must notify Student Financial Services at least *ten business days* prior to the 1st should I elect to end my EFT for any reason.
- If for any reason my EFT does not clear, I understand I will be assessed a \$35 bookkeeping fee.

Signature: _____ Date: _____

DO NOT EMAIL OR FAX VOIDED CHECK.

Please bring form and voided check to Cashier's Window in Kerr 321 or put in an envelope in campus mail Attn: Student Accounts.