

## Direct Debit Authorization Form

I authorize Jackson Theological Institute (JTI) to make debit transactions to my account at my financial institution in order to pay for tuition and fees as billed by the Institute for classes in which I enroll. I understand and agree that this authorization shall remain effective until terminated in writing by student and confirmed termination from JTI.

Student Name: (Please Print)

\_\_\_\_\_

Start Date: \_\_\_\_\_

Please check one: Online      Hybrid

Please check one: Pay-as-you-go      Split Payments      40% - 40% - 20%

Please check one: Bachelor      Master      Certificate      Audit

### Bank Information

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Info: \_\_\_\_\_ Account Info: \_\_\_\_\_

Account Type:      CHECKING      SAVINGS

### Account Holder(s) Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address (Addtl): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Completed Form should be sent to the following address:  
[registration@jtinstitute.org](mailto:registration@jtinstitute.org)