

Mt. Zion Baptist Church
Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: ____ Visa ____ Mastercard ____ Discover ____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize _____ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to:

Sis. Cathy Wortham
Mt. Zion Baptist Church
120 Roberson Street
Kalamazoo, MI 49007

Mt. Zion Baptist Church

Bachelor of Theology Authorization Form Accounts Payable Disbursements

Last Name First Name Middle Initial ID Number

I hereby authorize Mt. Zion Baptist Church to withdraw funds into my account(s) at the bank(s) named below. Mt. Zion is authorized to reverse any withdrawal made in error to my account(s) through the church's direct deposit program. I further warrant that I am a holder on the account(s) listed below.

It is understood that I may terminate this agreement at any time by written notification to the Mt. Zion Payroll Office.

NOTE: Please notify the Business Operations Director Office immediately if you close your account(s).

➡ Signature: _____ Date: _____

Deductions

Checking/Savings	Bank Name:	Bank Transit/Routing Number:	Account Number:	Net Pay or Amount:
Start Withdrawal				

To start or change a deduction:

The payment after receipt of this form will result in an electronic transmittal of funds to your account(s). A facsimile of your check, with **NON-NEGOTIABLE** written on the face of the document (for paychecks only), will be distributed to you.

Locating the above information on your check:

2664

Date _____

Pay to the order of _____ \$ _____

_____ Dollars

FHBT

Credit Union

Your Account Number

Bank Transit Number

Ampton, Massachusetts 01061

For _____ AP

⑆ 211884976 ⑆ 000000000 ⑆ 2664

NOTE:

If checks can be written against this/these account(s), please attach a voided check here.

International Theological Seminary

OFFICIAL ENROLLMENT FORM

Date: _____

Enrollment Date: _____

Choice of Payment: Full _____ Monthly _____ Credit Card _____ Check _____

Have you ever been a student of ITS? _____ If yes, when? _____

STUDENT INFORMATION

Last Name: _____ First: _____ M.I. _____

Address: _____

City: _____ State _____ Country _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____ DOB: _____ Age: _____ Marital: _____ M/F: _____

FORMER EDUCATION

Education—Secular (highest level attained):

12 GED Vocational/Technical 1 2
College 1 2 3 4 Bachelor Master Doctorate Other _____

Major: _____ Minor: _____

Education—Theological (highest level attained):

College 1 2 3 4 Bachelor Master Doctorate Other _____

Major: _____ Minor: _____

Beginning with high school. list all educational institutions attended. (Please list additional on a separate page.)

NOTE: Print name as it will appear on degree _____

<u>Name of Institution:</u>	<u>Dates</u>	<u>Major</u>	<u>Degree</u>
1.			
2.			
3.			

International Theological Seminary

Ministry Work

Church background _____

Present church (please do not abbreviate)

Name _____

Address _____

Pastor _____

Phone _____

Do you have a definite call on your life to enter the full-time ministry? Yes _____ No _____

Are you presently: Licensed _____ Ordained _____ How long? _____

If not, would you like to receive information on: Licensed _____ Ordained _____

Name of Demonination/Organization: _____

Identify the area of ministry to which you feel God is calling (or has called):

Pastor	_____	How long?	_____
Evangelist	_____	How long?	_____
Teacher	_____	How long?	_____
Counselor	_____	How long?	_____
Other	_____	How long?	_____

Please answer as completely as possible:

Total non-theological transfer credits: _____

Total theological transfer credits: _____

Total advance standing (life experience credits): _____

(Advance standing credits may be tabulated as 6 credits for each full year of ministry and 3 credits for each full year of part-time ministry)

Total credits now held: _____

Degree desired: _____

I do hereby affirm the following to International Theological Seminary:

1. All of the information I have provided is accurate and truthful.
2. I have read the catalog and understand the regulations governing ITS.
3. I am in agreement with the policies and standards of ITS.
4. I am willing to uphold these standards and live by them if I am accepted as a student of ITS.
5. I acknowledge that no other representations have been made to me in writing, electronically, or orally other than what is stated in the catalog.

Signature

Date