

## Financial Aid Monthly Program Agreement

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Name  
(printed) \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Degree Program \_\_\_\_\_

Total Cost Standard Program \_\_\_\_\_

Total Cost With Tyndale Financial Aid \_\_\_\_\_

Monthly Payment Amount \_\_\_\_\_

Total Number of Payments (Months) \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Final Payment Date: \_\_\_\_\_

Visa/MC/Debit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I hereby authorize Tyndale Theological Seminary (HEB Ministries) to initiate debit entries to my account at the financial institution indicated on the above credit card/debit card, and for specified monthly charges to debit the same to such account on the 2<sup>nd</sup> day of each month. This authorization shall remain in effect throughout the duration of the monthly program agreement.

I understand that I can withdraw from the Tyndale Financial Aid program with thirty days notice and a \$180 withdrawal fee.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Please fax (817-282-6501) or mail to:

Tyndale Seminary  
701 W. Pipeline Rd.  
Hurst, TX 76053