



Pre-Authorized Debit Agreement (PAD)

Date: _____

I want to support St. Joseph's College through monthly donations.

Please debit my bank account (attach VOID cheque)

_____ \$25 _____ \$50 _____ \$75 _____ Other Amount *specify*

The debit will be processed to our account on the 1st day of each month or the next business day.

Signature _____

Donor Name _____

Mailing Address _____

Phone Number _____

This donation is made on behalf of: _____ Individual _____ Business

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca.

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780.492.7681
E-mail: sjcdev@ualberta.ca
www.stjosephs.ualberta.ca

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PDA Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.