

Pre- Authorization of Donors to the University of Lethbridge to Direct Debit an Account (Personal PAD)



Please complete and return form to:

University of Lethbridge, University Advancement,
A735 University Hall, 4401 University Drive,
Lethbridge, AB T1K 3M4

Phone: 403-329-2582 | Fax: 403-329-5130

advancement@uleth.ca | www.uleth.ca/advancement

Personal Information (please print)

Name: _____

ID Number: _____ Number of transfers: _____

Amount: \$ _____ Start Date (DD/MM/YR): _____ End Date (DD/MM/YR): _____

Banking Information - Please attached a personalized cheque, marked 'VOID'

If a personalized cheque is not attached, please provide the following:

_____ Branch number (5 digits)

_____ Bank No. (3 digits)

_____ Account No. (7+ digits)

Name of financial institution: _____

Branch: _____

I hereby authorize the University of Lethbridge to debit my account as above on the 15th of each month. Also, I hereby authorize the University of Lethbridge to change the donation amount as required upon written notification. Any change to the banking information provided with this form requires notification to the University of Lethbridge by the 1st of the month.

I waive my right to receive pre-notification of commencement of the debits to my account as long as they are in compliance with the information I have indicated above.

I waive my right to receive pre-notification of changes to the PAD amount to be deducted from my bank account where I have made the request for such change(s) to the University Advancement Office at the address above either verbally or in writing.

I may revoke my authorization at any time, subject to providing notice of at least ten (10) business days before the next debit is scheduled at the address provided above. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.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 PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

Signature: _____ Date: _____

Thank you for your gift! Charitable Reg. No. 11927 9248 RR0001