



AUTHORIZATION FORM

DIRECT DEBIT DONATION

Must accompany a donation pledge form

For administrative use only

File _____

DONOR IDENTIFICATION

1 Name _____

1 Address _____

RECURRING DONATION

2 Monthly donation amount _____ \$*

**Note: the recurring amount will be withdrawn monthly, on the 15th day of the month or the following business day.*

BANK ACCOUNT INFORMATION

Fill this out or submit a void cheque

3 Branch transit number (5 digits) _____ Financial institution number (3 digits) _____ Account number (between 7 digits and 12 digits) _____

Name of financial institution _____

Branch address _____

LEGAL NOTICE

DECLARATION OF RECOURSE

You have certain rights of recourse if a debit does not comply with this agreement. For example, you have the right to receive reimbursements for unauthorized PADs or PADs that do not comply with this agreement. To obtain a reimbursement form or to receive more information about your rights, contact your financial institution or visit www.cdnpay.ca.

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CANCELLATION OF AGREEMENT

You may revoke your authorization at any time, upon service of a 30-day notice. To obtain a sample cancellation form or to receive more information about your right to cancel a PAD agreement, contact La Fondation de l'Université Laval or your financial institution, or visit www.cdnpay.ca.

DONOR SIGNATURE

5 Signature _____

Name _____ Date _____
 (DD/MM/YYYY)