UNIVERSITÉ **LAVAL** | Philanthropy and Alumni Relations Department

AUTHORIZATION FORM
DIRECT DEBIT DONATION
Must be accompanied by a pledge form

DONOR IDENTIFICATION

1

Name _____

Address _____

_____

PERIODIC DONATION

2

Monthly direct debit amount* $ _____

*The periodic amount will be debited from the account monthly, on the 15th day of each month or the next business day.

ACCOUNT INFORMATION
Fill in the form or send us a cheque specimen

3

Transit number
(5 digits)

Financial institution number
(3 digits)

Account number
(7 digits)

Financial institution name _____

Financial institution address _____

_____

LEGAL INFORMATION

4

STATEMENT OF CLAIM
You have certain rights if a debit does not comply with this agreement. For example, you have the right to be reimbursed for any pre-authorized debit (PAD) that you did not authorize or that is not consistent with this PAD Agreement. To obtain a refund request form, or for more information on your recourse rights, you can contact your financial institution or visit **www.paiements.ca.**

CANCELLATION OF THE AGREEMENT
You can revoke your authorization at any time, upon 30 days' notice. To obtain a cancellation form, or for more information on your rights, contact the Philanthropy and Alumni Relations Department at the coordinates below, contact your financial institution or visit **www.paiements.ca.**

SIGNATURE OF DONOR PARTY

5

Signature _____

Name _____ Date _____

RETURN THE COMPLETED FORM
Philanthropy and Alumni Relations Department
Pavillon Alphonse-Desjardins, room 3402, 2325, rue de l'Université, Québec (Québec) G1V 0A6
administration@dprd.ulaval.ca
Phone : 418 656-3292 or toll-free 1 877 293-8577

Université Laval OBE registration number: 119278950 RR 0001