



Pre-Authorized Debit Agreement (PAD) or Credit Card

Date: _____

I want to support St. Joseph's College through monthly donations. *The payment will be processed on the 1st day of each month (or the next business day following the 1st of the month).*

PAYMENT METHOD:

Pre-Authorized Debit (PAD)

Credit Card

_____ \$50 _____ \$100 _____ \$150 _____ Other Amount (*specify*)

Pre-Authorized Debit (PAD) Information:

Please attach a VOID cheque or a pre-authorized debit form from your bank

Signature _____

Donor Name _____

Mailing Address _____

Phone Number _____

OR

Credit Card Information:

VISA

MASTERCARD

Name on Card _____

Card Number _____

Expiry Date _____

CVV _____

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.

St. Joseph's College
11325 - 89th Avenue
Edmonton, AB T5G 2J5
780. 492. 7681
E-mail: sjcdev@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.