Pre-Authorized Electronic Funds Transfer

We acknowledge that this Authorization is provided for the benefit of the Payee and our financial institution and is provided in consideration of our financial institution agreeing to process debits against our account in accordance with the Rules of the Canadian Payments Association (the CPA Rules).

Instructions: Please complete all sections to instruct your financial institution to make payments directly from your account. ***Return the completed form with a blank cheque marked "VOID" to the Payee below.***

Email: sboily1@gmail.com **Phone: (403) 700-3573**

Mail: ***Northbow Educational Foundation***
2435 27th Avenue NW, Calgary, AB T2M 2K1
Attn. Stephane Boily

Account Holder Information		
Name:		
Address:		
City:	Province:	Postal Code:
Telephone:	Fax:	
Email Address:		

Financial Institution:		
Name:		
Address:		
City:	Province:	Postal Code:
Telephone:		
Branch Transit #: Office Use Only	**Institution #: Office Use Only**	**Account #: Office Use Only**

MONTHLY DONATION
I hereby authorize a debit in paper, electronic or other form in the amount of $_____, to be drawn on my account **Monthly** on **21st** day of the month.

Change in Account Information: I undertake to inform the Northbow Educational Foundation, in writing, of any change in the account information provided in this authorization prior to the next due date of the Pre-Authorized Debit.

Authority to Debit Account: I hereby authorize the Payee to draw on my account indicated above with my financial institution, for the following purpose: ***"to support the aims and objectives of Northbow Educational Foundation."***

Rights of Dispute: A *Pre-Authorized Debit* may be disputed by me under the following conditions:

i) the Pre-Authorized Debit was not drawn in accordance with my Authorization;
or
ii) the Authorization was revoked.

Cancellation of Arrangement: This authorization may be cancelled at any time upon notice by me. I acknowledge that, in order to revoke this authorization, I must provide written notice of revocation to Northbow Educational Foundation.

Pre-Notification Waiver: I agree with Northbow Educational Foundation to waive any further written notification prior to each Pre-Authorized Debit.

X_____ _____
Authorized Signature *Name (please print)*

Dated this _____ day of _____, 20_____