

# Amex-Visa & MasterCard

# Pre-Authorized Debit

Instructions: Please complete all sections to instruct your Amex, VISA or MasterCard financial institution to make payments directly from your account. Please return the completed form to the Payee below.

Email: [sboily1@gmail.com](mailto:sboily1@gmail.com)

Phone: (403) 700-3573

Mail: **Northbow Educational Foundation**

2435 27th Avenue NW, Calgary, AB T2M 2K1

Attn. Stephane Boily

<b>Card Holder Information: - Please Check One -</b>			MasterCard <input type="checkbox"/>	VISA <input type="checkbox"/>
Name:				
Address:				
City:		Province:	Postal Code:	
Telephone:			Fax:	
Account #:			Expiry Date: <small>mm/yy</small>	
Email Address:				

## 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 the **20<sup>th</sup>** day of the month.

OR

## OCCASIONAL DONATION

AMOUNT: \$ \_\_\_\_\_

DEBIT DATE: \_\_\_\_\_ (dd/mmm/yyyy) (Please draw a line through **Monthly Donation** Box)

**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- ii) the Authorization was revoked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\_\_\_\_\_