

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: donations@northbow.ca Phone: (403) 700-3573

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

Card Holder Information: - Please Check One -			MasterCard <input type="checkbox"/>	VISA <input type="checkbox"/>
Name:				
Address:				
City:		Province:	Postal Code:	
Telephone:			Fax:	
Account #:			Expiry Date: mm/yy	
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 20th 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- ii) the Authorization was revoked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_____