



Monthly Giving Form

_____ Title _____ Name(s)

_____ Address

_____ City _____ Province _____ Postal Code

_____ Phone _____ Email

I wish to make a monthly gift of \$_____ beginning the 15th of _____ 2018 and continuing on the same day every month until I notify you. (This debit will be processed on the 15th of each month or the next business day).

Please direct my donation to the Rotary Club of Edmonton Strathcona Endowment fund.

Pre-authorized direct withdrawal (**PLEASE ENCLOSE VOID CHEQUE** - if available)

If no void cheque available, please complete the following:

Name of account holder: _____

Financial Institution: _____ Branch address: _____

Institution Number #: _____ Transit Number #: _____ Account #: _____

OR

Monthly credit card payment VISA MasterCard

Card number: _____ Expiry date: _____

Card holder name: _____ (as it appears) Is this a corporate card? Yes No

I consent to my name being identified in public materials of ECF: Yes No, I wish to remain anonymous

I hereby authorize the Edmonton Community Foundation to arrange for the above automatic monthly payment and have read and accepted the terms outlined on the back of this form.

_____ Authorized Signature

_____ Date





Monthly Giving Form

*Tax receipts will be issued once a year *

I/We will inform the Payee, in writing, of any change(s) to the information provided no less than five (5) business days prior to the next scheduled PAD transaction.

I/We may revoke (terminate) this authorization at any time by providing written notice of no less than five (5) business days prior to the next scheduled PAD transaction. To obtain a sample cancellation form or more information on my right to cancel a PAD agreement, I/we may contact my/our financial institution or visit www.cdnpay.ca.

I/We agree that the information contained in the Authorization may be disclosed to the Royal Bank of Canada as required to complete any PAD transaction.

This authorization shall remain in effect until I/we provide written instructions to the Edmonton Community Foundation to change or terminate the agreement.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

