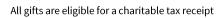# THE KING'S UNIVERSITY FOUNDATION

Pre-Authorized Debit Agreement
for Automatic Funds Transfer

The Monthly Giving Program is a convenient method of making charitable gifts to The King's University Foundation. By choosing to make a monthly gift by automatic funds transfer from your bank account, you are providing valuable financial support to King's and the students we serve. Thank you for your support of The King's University Foundation.

I wish to support The King's University Foundation with a gift of $_____ on the 15th day of each and every consecutive month, commencing on _____ (MM/YYYY) to support:

- ☐ Foundation Membership
- ☐ Foundation General
- ☐ Other _____
  (Please specify area of interest or project)

These services are for (check one): ☐ Personal use ☐ Business use
(A subsequent transfer will be done for loan payments)

This authority is to remain in effect until The King's University Foundation has received written notification of a change or termination. This notification must be received at least 30 days in advance of the next pre-authorized debit at the address below. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, contact your financial institution or visit www.cdnpay.ca.

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

Personal Information

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Bank Account Information

Transit Number	Route Number	Account Number

Name of Financial Institution: _____

Branch Address: _____

City: _____ Province: _____ Postal Code: _____

A VOID cheque must be attached to this completed form.
I hereby authorize The King's University Foundation to charge my account for donations as specified above. This authority is to remain in effect until the Foundation has received written notification of a change or termination.

Authorized Signature: _____ **Date:** _____

Please return to:
The King's University Foundation
9125 – 50 Street NW
Edmonton, AB T6B 2H3

For more information contact:
Foundation Office: marta.gomez@kingsu.ca
Phone: 780.465.3500 Ext. 8140

All gifts are eligible for a charitable tax receipt