



# PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Date: \_\_\_\_\_

**I want to support Eston College through monthly donations.**

**Please debit my bank account:** \_\_ \$5 \_\_ \$10 \_\_ \$20 \_\_ \$25 \_\_ \$50 Other Amount \_\_\_\_\_ (specify)

Bank Account Information: (attach VOID cheque)

The debit will be processed to your account on the 5<sup>th</sup> day of each month or the next business day.

Account Number: \_\_\_\_\_ Branch Transit Number: \_\_\_\_\_ (5 digits)

Bank/Institution Number: \_\_\_\_\_ (3 digits)

This donation is made on behalf of: \_\_\_\_ an Individual \_\_\_\_ a Business

Signature: \_\_\_\_\_ Donor Name: \_\_\_\_\_

Address/Contact Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please Charge my Credit Card:** \_\_ \$5 \_\_ \$10 \_\_ \$20 \_\_ \$25 \_\_ \$50 Other Amount \_\_\_\_\_ (specify)

Credit Card  Visa  MasterCard  AMEX

The payment will be processed on the  1<sup>st</sup> of Month  15<sup>th</sup> of Month  Last Day of Month

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Card Number

\_\_\_\_\_/\_\_\_\_\_  
Expiry Date (MM/YY)

\_\_\_\_\_  
3 Digit Code on Back

This donation is made on behalf of: \_\_\_\_ an Individual \_\_\_\_ a Business

Signature: \_\_\_\_\_ Donor Name: \_\_\_\_\_

Address/Contact Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

I may revoke my authorization at any time, subject to providing notice of at least ten (10) business days before the next debit is scheduled at the address provided below. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

ESTON COLLEGE  
PO Box 579  
Eston SK S0L 1A0  
Phone No.: (306) 962-3621  
E-mail: [accounts@estoncollege.ca](mailto:accounts@estoncollege.ca)

I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).