



# NEW—MONTHLY GIVING OPTION

Date: \_\_\_/\_\_\_/\_\_\_ Please direct my support to:  Calgary  Central Alberta  
Day Month Year

Please debit my bank account for:  \$25  \$50  \$75  Other—Please Specify \$\_\_\_\_\_

**PLEASE ATTACH A VOID CHEQUE** or check with your bank to fully/accurately complete the following:

Transit # \_\_\_\_\_ Institution/Bank # \_\_\_\_\_ Account # \_\_\_\_\_

The debit will be processed to your account on the 15th day of each month, or on the first business day after the 15th.

### Donor Information

Canada Revenue Agency requires the donor's full name and address to issue a tax receipt

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

PLEASE SEND MY TAX RECEIPT:  Each time my account is debited (monthly)  At the end of each calendar year

PLEASE SEND MY RECEIPT BY:  E-Mail  Canada Post

PLEASE CONTACT ME to discuss how to include the Epilepsy Association of Calgary in my Will or Estate plans.

### Pre-Authorized Debit (PAD) Agreement

This PAD Agreement authorizes the Epilepsy Association of Calgary and the financial institution designated to debit the bank account identified for all charges arising under my/our Monthly Donation Agreement with the Epilepsy Association of Calgary. The amount of this charge will be debited to my/our account on or after the 15th of each month.

This authority is to remain in effect until the Epilepsy Association of Calgary has received written notification from me/us of its change or termination whereby 30 days notice is given. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting: [www.cdnpay.ca](http://www.cdnpay.ca)

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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit: [www.cdnpay.ca](http://www.cdnpay.ca)

Authorized Signature (s): \_\_\_\_\_