



Pre-Authorized Debit Form

Date: _____

I want to support The Hastings and Prince Edward Learning Foundation through monthly donations.

Please debit my bank account: (*attach VOID cheque*)

\$25 \$50 \$75 Other Amount _____ (*specify*)



Undesignated Donation

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

Signature: _____

Donor Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____

Email: _____

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

I may revoke my authorization at any time, subject to providing notice of (30 days prior to the 15th). 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.

Hastings and Prince Edward Learning Foundation

Education Centre

156 Ann Street, Belleville, ON K8N 3L3

kbrace@hpedsb.on.ca

Tel: (613) 966-1170 ext. 62232

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.