



Mont St. Joseph Foundation Inc.
Circle of Care
"Monthly Giving Program"

Payor's Authorization for Pre-Authorized Debits

1. Name and Address:

Surname		First Name
Street		
City	Postal Code	Phone

2. Financial Institution

Name		
Street		
City	Postal Code	Phone

3. I have attached a cheque marked "VOID" for this authorization and will inform Mont St. Joseph Foundation, in writing, of any change in the information provided in this section of the authorization prior to the next due date of my Pre-Authorized Debit ("PAD")

4. I authorize that my PAD in the amount of ___ \$25, ___\$50, ___\$100, (other) \$_____ shall be withdrawn from my account on the:

(i)___1st of each month **and / or** (ii)___15th of each month

Beginning _____ and ending **when I provide written notice** to Mont St. Joseph Foundation Inc.

5. I acknowledge that Authorization is provided for the benefit of Mont St. Joseph Foundation and my Financial Institution and is provided in consideration of my Financial Institution agreeing to process debits against my account, ("the account") as listed above, in accordance with the Rules of the Canadian Payments Association.

6. I guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.

7. I agree to be included in published information as a participant of the Family and Friends donor program. If I wish to remain an anonymous participant, I agree it is my responsibility to inform Mont St. Joseph Foundation, in writing, of my wishes.

8. I understand and accept the terms of participating in this PAD plan.

Authorizing Signature

Authorizing Signature

Date _____

900400directdebit10jan03.

Mont St. Joseph Foundation Inc.
777 - 28th St. East
Prince Albert, SK S6V 8C2
Ph: (306)922-4663

