



# DONATION FORM Pre-Authorized Debit

**(PAD) AGREEMENT**

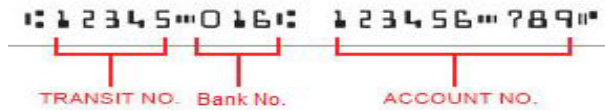
## SECTION 1 - DONOR INFORMATION

Name of Donor:	Name of Company:
Phone Number:	Email Address:
Contact Information:	Mailing Address:

## SECTION 2 - BANK INFORMATION - IF SENDING A CHEQUE PROCEED TO SECTION 3

Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_



Transit #	Bank ID #	Account #
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## SECTION 3 - DONATION DETAILS

School Name: \_\_\_\_\_

Donation Details: \_\_\_\_\_

Amount to Pay: \_\_\_\_\_ Cheque Number: \_\_\_\_\_

To use Pre-Authorized Debit (PAD) you must agree to all the terms of the authorization. By signing below as payor you agree to the following terms and conditions.

**Terms and Conditions**

1. a) You, the Payor, authorize NL Education Foundation to debit the bank account for the full amount of the donation indicated above.
- b) NL Education Foundation is not required to provide advance notice of the PAD's before the debit is processed.

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](http://www.cdnpay.ca)

**Please send completed forms to:**

NL Education Foundation  
 Dept of Education, Government of NL  
 PO Box 8700  
 St John's, NL A1B 4J6  
 Email: [foundation@nlschools.ca](mailto:foundation@nlschools.ca)

**THANK YOU VERY MUCH FOR YOUR SUPPORT**

I/we confirm that all persons whose signatures are required to authorize bank withdrawals have signed below.

Payor First and Last Name (Please Print)	Your Signature  <b>X</b>	Date signed (DD/MM/YYYY)
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