



Eta Colleges International Charity
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Charitable # 84603 0815 RR0001

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Email: admin@etacolleges.com

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

DONOR INFORMATION *(print clearly)*

Donor Name (in full): _____
First Middle Initial Last

Mailing Address: _____

Phone: _____

Email address: _____

PRE-AUTHORIZED DEBIT (PAD) DETAILS

I want to support Eta Colleges International through monthly donations. An official tax receipt will be issued at the end of each calendar year.

Please debit my bank account as per below:

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

I choose the ☐ 1st or ☐ 15th day of each month for the debit to be processed from my account.

BANKING INFORMATION *(fill out below information, or attach a void cheque)*

Financial Institution Name: _____

Financial Institution Address: _____

Account #: _____ Branch Transit #: _____ Financial Institution #: _____

Donor Signature: _____ Date: _____

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my rights to cancel a PAD agreement, I may contact my financial institution or visit www.payments.ca. Eta Colleges International may also cancel this PAD agreement on not less than 30 days' notice.

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.payments.ca

This information is collected under the Privacy Provisions of our Privacy Policy which can be viewed at www.etacolleges.com