

Pre-Authorized Debit Form



The Hastings and Prince Edward
Learning Foundation

Partnering Opportunities for Our Students

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)*



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**

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Tel: (613) 966-1170 ext 2205 • 1-800-267-4350 • Fax: (613) 968-1038

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.