



UNIVERSITY OF SASKATCHEWAN

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Yes! I'd like to support the University of Saskatchewan through my

- MONTHLY QUARTERLY YEARLY

donation to: _____
(PLEASE WRITE AREA YOU WISH TO SUPPORT HERE)

Please debit my bank account on the 1st or 15th of the month for:

- \$25 \$50 \$100 OTHER (PLEASE SPECIFY AMOUNT: _____)

Please attach a VOID cheque

Start date: ____ / ____ / ____ End date: ____ / ____ / ____
DAY MONTH YEAR DAY MONTH YEAR

I wish to make my pledge indefinitely (or until cancelled in writing).

This donation is being made on behalf of: AN INDIVIDUAL A BUSINESS

First name: _____ Last name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Home phone: _____ Business phone: _____

Email: _____

New legislation from the Canadian Payments Association requires the University of Saskatchewan to seek express permission from donors to debit their account for the donation outlined above without providing notification of each transaction. Please review the terms below and sign and date your agreement to these terms.

- I waive my right to receive pre-notification of commencement of the debits to my account as long as they are in compliance with the information I have indicated above.
- I waive my right to receive pre-notification of changes to the PAD amount to be deducted from my bank account where I have made the request for such change(s) to the University Advancement Office at the address below either verbally or in writing.
- I may revoke my authorization at any time, subject to providing 10 business days notice in writing. To obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit cdnpay.ca.
- 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 cdnpay.ca.

Signature: _____ Date: _____

PLEASE COMPLETE REVERSE SIDE

Thank you!

The University of Saskatchewan honours donors through invitation to special events, listings in online and print publications, and updates on the impact of your giving. We look forward to sharing our success with you!

This is a joint gift with my spouse: _____
(FIRST AND LAST NAME)

If you choose not to be publicly recognized for your gift, we will honour your wishes. Please check any or all of the following:

- Do not publish my name with regard to this gift.
- Do not publish my name with regard to all gifts.
- Yes! I am interested in learning more about other ways I can support my university, including gifts of stock, life insurance and bequests.

Please return this completed PAD Agreement along with your void cheque to:

University Relations, University of Saskatchewan
G15 Thorvaldson Building | 110 Science Place | Saskatoon, SK S7N 5C9
Phone: 1-800-699-1907 | Fax: 306-966-5571 | Email: giving@usask.ca

THANK YOU FOR YOUR SUPPORT!

Charitable registration
#119279313 RR0001