



# MSC Canada Pre-Authorized Donation

### Details of PAD (Please Print)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

### CANADIAN Bank or Financial Institution:

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

Account Number: \_\_\_\_\_ Transit Number: \_\_\_\_\_ Financial Inst. Number: \_\_\_\_\_

### Please designate your monthly donation:

1.	\$	4.	\$
2.	\$	5.	\$
3.	\$	6.	\$

I authorize MSC Canada to process a debit in the amount of \$\_\_\_\_\_ on my account on the 10th day of each month beginning on the date of \_\_\_\_/\_\_\_\_/\_\_\_\_ (yyyy/mm/dd). I have read and understood all the provisions contained in the terms and conditions of the PAD agreement.

\_\_\_\_\_  
*Signature* *Date*

\_\_\_\_\_  
*Signature (if more than one needed)* *Date*

***Spending of funds is confined to board approved programs and purchases. Each gift designated toward an approved program will be used as designated, with the understanding that when a need has been met, designated gifts will be used where needed most. Gifts are acknowledged and received with an official receipt for income tax purposes.***

### Terms and Conditions

*(Keep a copy for your records)*

- I authorize MSC Canada to debit my account as indicated on the attached VOID cheque.
- I agree to the terms and conditions with MSC Canada until such time as written notice to the contrary is given.
- I acknowledge that delivery of my authorization to MSC Canada constitutes delivery by me to the branch of the financial institution at which I maintain an account. My financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization.
- Each payment shall be the same as if I had personally issued a cheque authorizing the bank to pay MSC Canada as indicated and to debit the amount specified to my account.
- I will notify MSC Canada in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit.
- Debits processed under any of the following conditions will be reimbursed subject to written notification by me to the branch of account within 90 days:
  - The pre-authorized debit was not drawn in accordance with my authorization;
  - My authorization was revoked.
- I warrant that all persons whose signatures are required to sign on this account have signed this agreement.