

# Pre-Authorized Debit (PAD) Agreement

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

Monthly     Quarterly     Yearly

**Donation to:** \_\_\_\_\_  
(WRITE AREA YOU WISH TO SUPPORT HERE)

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

\$25     \$50     \$100     Other (please specify amount) \_\_\_\_\_

**Please attach a VOID cheque.**

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_    End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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:	_____
Mailing Address:	_____	City:	_____
Province:	_____	Postal Code:	_____
Home Phone:	_____	Business Phone:	_____
Email Address:	_____		



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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE COMPLETE REVERSE**

## PAD Agreement (continued)

### 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 Advancement  
University of Saskatchewan  
501-121 Research Drive Saskatoon SK S7N 1K2  
P: 1-800-699-1907 F: (306) 966-5571 Email: [giving@usask.ca](mailto:giving@usask.ca)

***Thank you for your support!***