

Pre-authorized Debit (PAD) Agreement

I'd like to support USask through my:

Monthly Quarterly Yearly

Donation to (please specify which areas you wish to support):

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

\$25 \$50 \$100 Other amount \$ _____

Start date: _____ (DD/MM/YY) End date: _____ (DD/MM/YY)

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

This donation is being made on behalf of: *Donor information required for Canada Revenue Agency

An individual A business

First name*: _____ Middle name(s)*: _____ I don't have a middle name

Last name: _____

This is a joint gift with my spouse (first and last name): _____

Address*: _____

City*: _____ Province*: _____ Postal code*: _____

Email address*: _____ Phone: _____

Name of USask representative I am working with (if applicable): _____

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: _____ (DD/MM/YY)

Please return completed PAD Agreement and void cheque to:

University Relations, University of Saskatchewan

G16 Thorvaldson | 110 Science Place | Saskatoon, SK S7N 5C9

Phone: 1-800-699-1907 | Fax: 306-966-5571 | Email: gift.processing@usask.ca

Charitable registration #119279313 RR0001

Thank you!

In recognition of your gift, the university honours campus community donors on occasion through invitations to special events, listings in online and print publications and provides updates on the impact your gift. If you choose not to be publicly recognized for your gift, we will honour those wishes.

Please check any or all of the following:

Do not publish my name regarding this gift Do not publish my name regarding all gifts

Name(s) to be used for recognition: _____

Legacy Giving

- I would like to learn more about leaving a gift in my Will to the University of Saskatchewan
- I have a gift in my Will to the University of Saskatchewan

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