

Donor PAD Agreement
 Personal Pre-Authorized Debit Plan
 Authorization of the Donor to Direct Debit an Account

Instructions:

1. Please complete all sections in order to instruct your financial institution to make payments directly from you account.
2. Please sign the document where indicated
3. Return the completed form with a blank cheque marked "Void" to Concordia Lutheran Seminary
4. If you have any questions, please call Concordia Lutheran Seminary at 780-474-1468

Donor information (please type or print clearly)

Donor Name(s):

Address:

Telephone / Email:

Donor Financial Institution/Banking Information (please type or print clearly)

Branch Number	Institution #	Account Number
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Name of Financial Institution

Branch

Branch Address

City/Province	Postal Code
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Payment Information

Pay to: Concordia Lutheran Seminary 7040 Ada Boulevard Edmonton, Alberta T5B 4E3
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Please specify:

Amount of Donation:	\$
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Donation to Start:	Date:
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Donation to end (if desired):	Date:
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Note: if no End of Donation Date is specified, donations will continue until advised by the Donor.

Donation occurring at:	Monthly: <input style="width: 40px;" type="checkbox"/>	Deducted from your account on the 10th of each month
<small>Please check box desired:</small>	Semi-Monthly: <input style="width: 40px;" type="checkbox"/>	Deducted from your account on the 10th and 25th of each month

Signature of Donor(s)

Date:

By signing this donation request, I acknowledge that I have been provided a copy of the Personal Pre-Authorized Debit Plan (PAD) Terms and Conditions and agree to the terms and conditions as defined in that document.