

One Time ~ Non Recurring Donation

Title	Name(s)				
Address					
City		Province		Postal Code	
Phone		Email			
One Time Pre-	Authorized De	bit Agreement			
I wish to make a or Or on Day				, on the 15 th of (Month) __	·
Please direct my do	onation to the				fund.
Name of bank:			Branch address:		
Bank Number :			Branch :		
Account #: <i>Please </i>	ohone Sharlene at	780-426-0015 ext.	108 for securit	y reasons.	
This donation is ma	ade on behalf of:	☐ Individual	☐ Business		
I consent to my na	me being identifie	d in public materia	ls of ECF: ☐ Y	es 🗆 No, I wish to remai	n anonymous
•		nmunity Foundation tlined on the back o	_	r the above automatic pa	yment and
			——— Date		

Edmonton Community Foundation
9910 103 St NW Edmonton, AB T5K 2V7 – Ph 780.426.0015 – Fax 780.425.0121
Email: info@ecfoundation.org – website: www.ecfoundation.org





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I/We agree that the information contained in the Authorization may be disclosed to the Royal Bank of Canada as required to complete the One Time Non Recurring Donation.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any One Time ~ Non Recurring Donation that is not authorized or is not consistent with this One Time Non Recurring Donation Agreement. To obtain more information on my recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.



