



ACADIA DIVINITY COLLEGE

PRE-AUTHORIZED MONTHLY DONATION FORM

The undersigned hereby authorizes **Acadia Divinity College** to draw monthly donations electronically on the 8th of each month, in the amount of \$_____ to _____.
(name of fund)

First Name Initials Family Name

Address City Province Postal Code

Banking Information: _____
Account No.

The undernoted financial institution is hereby authorized to debit the account of the undersigned.

Name of Financial Institution Branch

Address City Province Postal Code

- All amounts payable to **Acadia Divinity College** drawn on or directed to you by a chartered bank on behalf of **Acadia Divinity College**.
- Your treatment of each debit shall be the same as if the undersigned has personally directed you to pay as indicated and to charge the amount specified to the account of the undersigned.
- This authorization may be cancelled at any time upon written notice.
- Any delivery of this authorization to you constitutes delivery by the undersigned.

Date Signature as you sign your cheque*

*For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.

NOTE: To ensure accuracy, please attach a cheque and ensure that the cheque is marked "VOID"

OR

If you wish to have this charged to your credit card, please provide the following information:

Card # _____ CSV# _____ Expiry: _____

Name on Card: _____ Signature: _____

When completed, please return to ACADIA DIVINITY COLLEGE, 15 University Avenue, Wolfville, NS B4P 2R6 or Email: trisha.urquhart@acadiau.ca.

Equipping Christians to Serve