

Pre-Authorized Electronic Funds Transfer

We acknowledge that this Authorization is provided for the benefit of the Payee and our financial institution and is provided in consideration of our financial institution agreeing to process debits against our account in accordance with the Rules of the Canadian Payments Association (the CPA Rules).

Instructions: Return the completed form with a blank cheque marked "VOID" to the Payee below or complete the financial institution information below.

Email: westplains2017@gmail.com **Phone:** (403) 278-0013

Mail: West Plains Foundation

2431 4th Avenue N.W.

Calgary, Alberta T2N 0P3

Attention: Greta de Souza or Shirley Chomyn

ACCOUNT HOLDER INFORMATION		
Name:		
Address:		
City:	Province:	Postal Code:
Telephone:	Email Address:	
FINANCIAL INFORMATION		
Name of Bank/Financial Institution:		
Branch Transit #:	Institution #:	Account #:
MONTHLY DONATION		
I hereby authorize a debit in paper, electronic or other form in the amount of \$_____, to be drawn on my account monthly on the 1st day of the month.		

Change in Account Information: I undertake to inform West Plains Foundation, in writing, of any change in the account information provided in this authorization prior to the next due date of the Pre-Authorized Debit.

Authority to Debit Account: I hereby authorize the Payee to draw on my account indicated above with my financial institution, for the following purpose: *"to support the aims and objectives of West Plains Foundation."*

Rights of Dispute: A Pre-Authorized Debit may be disputed by me under the following conditions:

- i) the Pre-Authorized Debit was not drawn in accordance with my Authorization; **or**
- ii) the Authorization was revoked.

Cancellation of Arrangement: This authorization may be cancelled at any time upon notice by me. I acknowledge that, in order to revoke this authorization, I must provide written notice of revocation to West Plains Foundation.

Pre-Notification Waiver: I agree with West Plains Foundation to waive any further written notification prior to each Pre-Authorized Debit.

X _____
Authorized Signature

Name (please print)

Dated this _____ day of _____, 20_____