



# Prolife Alberta

## Pre-Authorized Debit Monthly Donation Form

I want to support Prolife Alberta through monthly donations.

Please note that contributions can only be accepted from residents of Alberta.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Amount: \_\_\_\$25 \_\_\_\$50 \_\_\_\$75 \_\_\_\$100 \_\_\_Other: \$\_\_\_\_\_

Please debit my bank account: *(complete bank account information or include void cheque)*

Account #: \_\_\_\_\_

Transit # (5 digits): \_\_\_\_\_ Financial institution # (3 digits): \_\_\_\_\_

The withdraw will be processed on the 5<sup>th</sup> day of each month or the next business day.

I may revoke my authorization at any time, subject to providing notice of 10 business days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.payments.ca](http://www.payments.ca). Contributions over \$250.00 are made public by Elections Alberta. 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 [www.payments.ca](http://www.payments.ca).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed form via email or mail to:

Prolife Alberta  
12 Spruce Centre SW  
Calgary, AB T3C 3B3  
[connect@prolifealberta.com](mailto:connect@prolifealberta.com)  
1-855-398-8486