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OF MANITOBA

Thank you for your support of the University of Manitoba.

You have indicated that you wish to make a contribution through Pre-authorized Debit. In order to complete this process, the Canadian Payments Association requires that we provide a pre-authorized debit agreement.

Please print and fill out this form and return it, along with a voided cheque, to the University of Manitoba, Department of Philanthropy, 179 Extended Education Complex, 17 Dafoe Rd., Winnipeg, MB R3T 2N2.

Please fill out the second copy of this form (below) for your records.

Once we have received your completed form, we will process your gift.

If you have any questions or concerns, please contact Gift Processing at 204 474-9195. Thank you.

Pre-Authorized Debit (PAD) Agreement

Donor Name: _____

Total Pledge Amount: _____ Installment Schedule: \$_____ for _____ months.

To be directed to : _____ (name of fund)

The debit will be processed to your account on the 10th day of each month or the next business day.

This donation is made on behalf of (please check one): ___an individual ___a business

Information for the donor:

I may revoke my authorization at any time, subject to providing notice of 30 days, by contacting the Department of Philanthropy at 204 474-9195. For more information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca.

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.cdnpay.ca.

Signature: _____ Date: _____

**** Please Complete and Return Along with Void Cheque to:**
University of Manitoba, Department of Philanthropy,
179 Extended Education Complex, 17 Dafoe Rd., Winnipeg, MB R3T 2N2



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