St. Joseph's Hospital Foundation | La Fondation De L'Hôpital St. Joseph

Pre Authorized Debit Agreement / Monthly Giving Enrollment Form

Please print & complete this form and return to: St. Joseph's Hospital Foundation, 130 Bayard Drive, Saint John, N.B. E2L 3L6 **or fax to:** (506) 632-5594 **or phone in your information to:** (506) 632-5595

*Donations will be processed at the beginning of each month, and you will receive an official tax receipt at year's end

Personal Information

Title (Mr./ Mrs./ Miss)	Last Name	First Name
Street Address		
City	Province	Postal Code
Phone Number	E-mail Address	

Action Requested

☐ Monthly donation from my bank account	Amount $_____
☐ Monthly Donation from my credit card	Amount $_____

Financial Institution Information (Electronic Funds Transfer only)

Attach your sample cheque marked **VOID**. If you do not have a void cheque, please have your financial institution complete the section below. The information must be for the account from which you would like the donations to be withdrawn.

Name of Financial Institution			
Address	City	Province	Postal Code
Branch Number (5 digits)	Financial Institution number (3 digits)	Account Number	
Teller Stamp			

Credit Card Information (Credit Card Payments Only)

Card Type	Visa	MasterCard	American Express
Account Number			Expiration Date

Monthly Giving Authorization

I hereby authorize St. Joseph's Hospital Foundation to withdraw the set amount of funds recorded in this document from the above bank account/credit card and may at any time discontinue these monthly donations. If any debit does not comply with this agreement I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Pre-Authorized Debit Agreement

I may discontinue these monthly donations to St. Joseph's Hospital Foundation at any time by contacting the Foundation office.

Name (print)	Signature	Date

Privacy Statement: St. Joseph's Hospital Foundation protects your personal information and adheres to all legislative requirements with respect to protecting your privacy.