



St. Bonaventure's College *Xavier Society Pledge Form*

Your generous donation will help shape the lives of children who benefit from Bursary Assistance

Name(s): _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone #: _____

Email: _____

Are you Alumni? _____ If yes what year did you finish at St. Bon's? _____

_____ Yes, I wish to contribute to the *Xavier Society* by donating \$ 200 per year for five years from (year _____) to (year _____)

Name(s) as it is to appear in recognition material:

Method of Payment:

___ \$17 Monthly ___ \$200 Annually ___ \$1000 One-time ___ Post Dated Cheques

___ Direct Deposit / Pre-Authorized Contribution (please include a voided cheque)

___ Credit Card V ___ MC ___ # _____ Exp: _____ CVS: _____

Signature: _____ Date: _____

Please mail or scan/email this form to:
St. Bonaventure's College
2A Bonaventure Ave.
St. John's, NL A1C 6B3
Email: jwhalen@stbons.ca or Phone: (709) 726-0024 Ext. 228

**PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS
FOR PERSONAL PAD**

**All information submitted on this form is for school use only and
will not be distributed to any third party**

I/we authorize St. Bonaventure's College Inc. and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our St. Bonaventure's College account. Regular monthly payments will be debited to my/our account on the 1st day of each month, unless otherwise indicated, in writing. St. Bonaventure's College will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until St. Bonaventure's College Inc. has received the full balance due or until it has received written notification from me/us of its change or termination. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged. This notification must be received at least five (5) business days before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting www.cdnipay.ca.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnipay.ca.

PLEASE PRINT

DATE: _____

Account Holder Name(s) : _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____ FI Bank ID: _____
(branch - 5 digits) (3 digits)

FI Street Address: _____

City: _____ Province: _____ Postal Code: _____:

(Payors may also include a VOID cheque in lieu of completing this section)

Monthly amount: _____

AUTHORIZED SIGNATURE(S): _____

for any questions, please contact:

**ST. BONAVENTURE'S COLLEGE INC.
Shelley Martin, CFO
2A Bonaventure Avenue
St. John's, NL A1C 6B3
Tel: (709) 726-0024 ext 202**