

Canadian Rugby Foundation Authorization & Agreement Pre-Authorized Debit

TO: The Canadian Rugby Foundation (the "Foundation")

Account Holder (the "Donor")

Full Legal Name: _____ Exact Name in which Account is Held: _____
Address: _____ City: _____
Province: _____ Postal Code: _____
Telephone Number: _____ Email address: _____

Financial Institution (the "Bank")

Name of Bank: _____ Address: _____
City: _____ Province: _____ Postal Code: _____
Bank Account No.: _____ Branch No.: _____ Institution No.: _____

The Donor acknowledges that this Authorization is provided for the benefit of the Foundation and the Bank, and is provided in consideration of the Bank agreeing to process debits against the Donor's account in accordance with the rules of the Canadian Payments Association.

1. Purpose of Debits (check one)

- Personal Pre-Authorized Debit
 Business Pre-Authorized Debit (if donating through your business account)

2. Terms of Authorization to Debit the Above Account

The Donor authorizes the Foundation to debit or cause to be debited the following amounts from the above account (fill in as applicable)

- a) a fixed amount of \$ _____, which amount will be debited:
i) on the 16th day of each month commencing on _____.

Signature(s) or Authorized Signature(s) of Account Holder(s)

(Date)

For verification, please attach a blank cheque marked "VOID" to the completed Agreement.

Upon completion of this form, please mail to:

**Canadian Rugby Foundation
PO Box 8003
Victoria BC V8W 3R7**