**Preauthorized Debit Consent Form for Canadian Bank Account Holders ONLY**

**for Monthly Donations to**

**Sri Lanka – Canada Scholarship Foundation (SLCSF)**

**24210, 101 A Avenue, Maple Ridge, BC V2W 0E6**

**Please email completed form to treasurer@slcsf.org**

**\*\*My First Name and initials followed by Last Name as it appears in my Bank Account** noted below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*My address as it appears in my Bank Account** noted below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Bank Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Transit number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (please see example below)

**\*\*Institution number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please see example below)

**\*\*Account number**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please see example below)

Your donations will be credited to Sri Lanka – Canada Scholarship Foundation account 0809 – 14910 – 6100 0002 1105 at Envision Financial – Fleetwood Branch, 100, 15355 Fraser Hwy, Surrey, BC V3R 3P3

**\*\* INSTEAD of the Above information, you may email us a scanned VOID cheque**.

The amount I wish to donate **Every Month to Sri Lanka – Canada Scholarship Foundation (SLCSF):**

Canadian $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date I wish to start transferring funds** from my Bank account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Month/Year

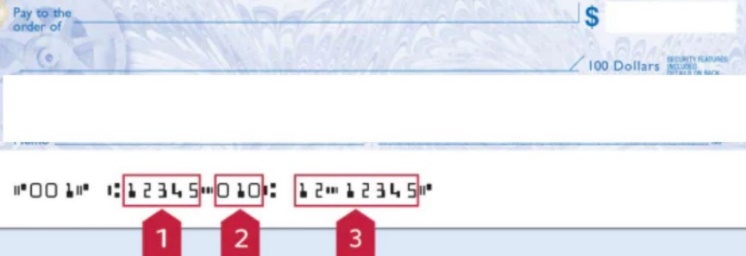
**I may cancel this at any time simply by sending an email to treasurer@slcsf.org.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Signature Authorizing the above Transfer of Funds

**Please email completed form to treasurer@slcsf.org**

**Example**



1. Transit Number

2. Institution Number

3. Account Number