



CONCORDIA  
LUTHERAN  
SEMINARY

**Donor PAD Agreement**  
**Personal Pre-Authorized Debit Plan**  
**Authorization of the Donor to Direct Debit an Account**

**Instructions:**

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please sign the document where indicated.
3. Return the completed form with a blank cheque marked "Void" to Concordia Lutheran Seminary.
4. If you have any questions, please call Concordia Lutheran Seminary at 780-474-1468

Donor Information (please type or print clearly):

Donor Name:

Address:

Telephone / Email:

**Donor Financial Institution / Banking Information (please type or print clearly):**

Branch #:  Institution #:  Account #:

Name of Financial Institution:

Name of Branch:

Branch Address:

City / Province:  Postal Code:

**Payment Information:**

Pay to: **Concordia Lutheran Seminary**  
**7040 Ada Blvd, Edmonton, AB T5B 4E3**

Please specify:

Amount of Donation (\$):

Donation to Start (mm/dd/yyyy):

Donation to End (if desired):

Note: if no End of Donation Date is specified, donations will continue until advised by the Donor.

Donation occurring at (please check box desired):  Monthly (Deducted from your account on the 10th of each of month)  
 Semi-Monthly (Deducted from your account on the 10th and 25th of each of month)

Signature of Donor(s)

Date

By signing this donation request, I acknowledge that I have been provided a copy of the Personal Pre-Authorization Debit Plan (PAD) Terms and Conditions and agree to the terms and conditions as defined in that document.