

Preauthorized Debit Consent Form for Canadian Bank Account Holders ONLY
for Monthly Donations to
Sri Lanka – Canada Scholarship Foundation (SLCSF)

Please email completed form to treasurer@slcsf.org

***My First Name and initials followed by Last Name as they appear 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)

***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 \$ _____

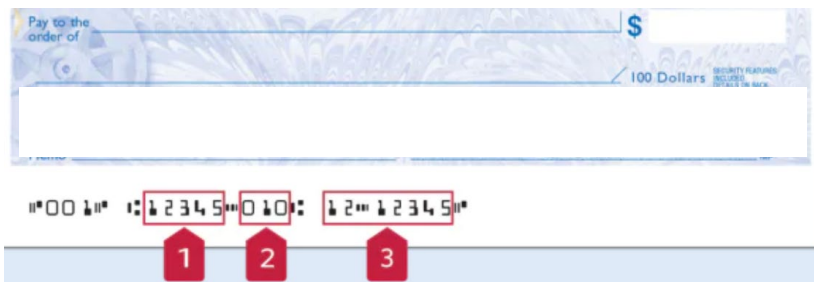
Date I wish to start transferring funds from my Bank account: _____
Date/Month/Year

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