

For administrative use only

ID : _____

Campaign : _____

1 DONOR IDENTIFICATION

Full name _____

Address _____

2 PERIODIC DONATION

Monthly direct debit amount CAD

*The periodic amount will be debited from the account monthly,
on the 15th day of each month or the next business day.*

3 BANK ACCOUNT INFORMATION

Please fill in the section or send us a void cheque.

Financial Institution name _____

Financial Institution address _____

Transit Number (5 digits) _____

Financial Institution Number (3 digits) _____

Account Number (7 digits) _____

4 LEGAL INFORMATION

STATEMENT OF CLAIM

You have certain rights if a debit does not comply with this agreement. For example, you have the right to be reimbursed for any pre-authorized debit (PAD) that you did not authorize or that is not consistent with this PAD Agreement. To obtain a refund request form or for more information on your recourse rights, you can contact your financial institution or visit [payments.ca](#).

CANCELLATION OF THE AGREEMENT

You can revoke your authorization at any time upon a 30-days notice. To obtain a cancellation form or for more information on your rights, please contact the Philanthropy and Alumni Relations Department at the coordinates below, contact your financial institution or visit [payments.ca](#).

COLLECTION OF PERSONAL INFORMATION

We collect your information to process your donation, acknowledge your contribution, and/or inform you about our activities and future contribution opportunities. Your information is shared with our IT service providers (Blackbaud Inc. and Vanilla Soft) for hosting purposes. It is stored outside Quebec under contracts ensuring its confidentiality. All requested information is mandatory unless otherwise specified. To consult or correct your information, contact the person responsible for the protection of personal information at ulaval.ca/notre-universite/direction-et-gouvernance/bureau-du-secretaire-general/demande-dacces-aux-renseignements-personnels. For more details on how your personal information is protected, please refer to our Privacy Policy at ulaval.ca/en/privacy.

CONSENT

To show our appreciation while promoting a philanthropic culture within the community, we wish to publicly display your name and the fund(s) you support on various communication platforms (websites, social media, dynamic screens, official publications, etc.).

Do you consent to the publication of this information? Yes _____ No _____

5 DONOR SIGNATURE

Signature _____

Date _____

DD / MM / YYYY

Full name _____

PLEASE RETURN THIS DULY COMPLETED FORM (must be accompanied by a pledge form)

Philanthropy and Alumni Relations Department

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