



THE VANCOUVER KOREAN-CANADIAN
SCHOLARSHIP FOUNDATION

VKCSF ● 밴쿠버 한인 장학 재단

vkcsfinfo@gmail.com

vkcsf.org

[instagram.com/vkcsf.alumni](https://www.instagram.com/vkcsf.alumni)

[facebook.com/groups/vkcsfalumni](https://www.facebook.com/groups/vkcsfalumni)

Pre-Authorized Debit Agreement

By submitting this form, I agree that I wish to support Vancouver Korean-Canadian Scholarship Foundation through monthly donations with the amount of:			
<input type="checkbox"/> \$20	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> other (specify):
Debited from my account on the:		<input type="checkbox"/> 1st day <input type="checkbox"/> 15th day of each month	
To be made on behalf of:		<input type="checkbox"/> an individual <input type="checkbox"/> an organization	
Donor/Organization name:			
Street Address:			
City:			
Province:		Postal Code:	
Telephone number (optional):			
Email address:			
<input type="checkbox"/> Yes, I would like to receive VKCSF e-newsletter			
Signature:			
Signature (2 nd account holder if required):			
Date (MM/DD/YYYY):			
I shall inform the Payee, in a timely manner, of any changes to this Agreement. I retain the right to revoke my authorization at any time, with a pre-notification of 30 calendar days. To obtain a sample of the cancellation form or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit the Canadian Payments Association Web site at www.cdnpay.ca . I agree to release the financial institution of any liability if the revocation is not respected, except in the case of gross negligence on its part. I agree that the financial institution at which I maintain the account is not required to verify that the payment is debited in accordance with this authorization. I also certify that every person whose signature is required for the operation of the aforementioned account has signed this authorization. I acknowledge that the delivery of this authorization to the Payee constitutes delivery by me to the aforementioned financial institution.			

Bank Account Information (if no void cheque attached)		<input type="checkbox"/> chequing account <input type="checkbox"/> savings account	
Branch No (5 digits)	Institution No (3 digits)	Account No (up to 10 digits)	
The completed form with the above bank account information or a VOID cheque can be sent to vkcsfinfo@gmail.com or #100-504 Cottonwood Ave. Coquitlam, BC V3J 2R5			
Please visit our website (www.vkcsf.org) for more information. Thank you!			