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### Authorization for Automatic Bank Account Withdrawal

(Please note: bank account transactions may take up to 2 to 4 weeks for processing.)

Full Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_(\_\_\_\_)\_\_\_\_\_ Fax: \_(\_\_\_\_)\_\_\_\_\_

Bank Name and Address: \_\_\_\_\_

Branch #: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount of withdrawal: \$\_\_\_\_\_

Frequency: One Time or Monthly, on the 1<sup>st</sup> or 15<sup>th</sup> of each month

***I authorize the University of Calgary to debit my bank account as indicated above.  
Both Account Holders must sign Authorization if joint account.***

Account Holder Name: \_\_\_\_\_

Signature of Account Holder: \_\_\_\_\_

Date: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Signature of Account Holder: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHEQUE**

A large dashed rectangular box intended for attaching a voided cheque.