



SANATAN HINDU CULTURAL SOCIETY

CRA# 83861 7231 RR0001

Website: www.shcscalgary.com

Email: info@shcscalgary.com Phone # 1-403-351 SHCS (7427)

Facility Address: 705 4656 Westwinds Drive NE,
Calgary AB T3J 3Z5

MONTHLY DONATION PAYMENT
CRA Tax receipts will be issued

FULL NAME

TELEPHONE

ADDRESS

CITY

PROVINCE

POSTAL CODE

EMAIL ADDRESS

MOBILE NO

This donation is made on behalf of: An Individual A Business

PAYMENT INFORMATION

PAYMENT AMOUNT : \$ 51 / \$ 101 / \$ 151 / \$ 201
/ \$ 251 / \$ _____ Other

PAYMENT DATE : __ _ of every month
beginning _____ 202__

METHOD OF PAYMENT

CHECK CREDIT CARD E-TRANSFER TO: shcs.calgary@gmail.com AUTOMATED PAYMENT

IF YOU OPTED FOR AUTOMATED PAYMENT, PLS. PROVIDE BANK ACCOUNT INFORMATION

INSTITUTION: Please enclose a void cheque OR give the following details

BANK'S NAME	INSTITUTION NUMBER				TRANSIT NUMBER				BANK ACCOUNT NUMBER											
TWELVE DIGIT ACCOUNT NUMBER																				
BRANCH ADDRESS																				

PLS. CHECK ALL BOXES BELOW IF OPTING FOR AUTOMATED PAYMENT



I AUTHORIZE "SANATAN HINDU CULTURAL SOCIETY (SHCS)" AND SCOTIABANK TO DEBIT MY BANK ACCOUNT FOR PAYMENT AS INDICATED ABOVE. I WILL NOTIFY "SHCS" IN WRITING IF I CLOSE OR MAKE OTHER CHANGES TO MY ACCOUNT. I MAY REVOKE THIS AUTHORIZATION AT ANY TIME IN WRITING TO "SHCS" AT LEAST 10 BUSINESS DAYS BEFORE THE NEXT DEBIT SCHEDULED AT THE ADDRESS ABOVE. HOWEVER, I AM STILL RESPONSIBLE FOR MY CONTRACT OBLIGATIONS TO "SHCS, Calgary".

AUTHORIZED BY: _____ DATE _____