



**DIRECT DEBIT AUTHORIZATION
Loch Lomond Villa Foundation
Monthly Giving Program**

**I, _____ AUTHORIZE LOCH LOMOND VILLA,
INC, TO DEBIT MY BANK ACCOUNT ON A MONTHLY BASIS AS
INDICATED BELOW:**

Monthly Donation of \$_____

**I understand that the date of donation will be the first working day of
each month. This is to start on _____**

**Monthly donations will continue until I revoke my authorization with 15
days written notice.**

**X _____
Signature(s) as required by financial institution.**

PLEASE ATTACH A VOID CHEQUE

Thank You for your generous support.

Once form is completed please submit to Kristen Wheaton, Foundation
Director by email foundation@lochlomondvilla.com or drop off to 185 Loch
Lomond Road, Saint John NB, E2J 3S3.