

Frontier Lodge



Frontier Lodge
Box 1
Nordegg, AB T0M 2H0
Phone: 403-721-2202
Email: office@frontierlodge.ca

Date: _____

I, _____, want to support Frontier Lodge through monthly donations.

Please debit my bank account: (attach VOID cheque)

_____ \$25, _____ \$50, _____ \$75, other amount _____ (specify)

_____ General fund, _____ Staff support _____ (specify)

The debt will be processed to your account on the ___1th or ___15th day of each month

Starting date _____ Ending date _____ (when you request a cancellation)

Signature: _____

Donor Name: _____

Address/contact information: _____

This donation is on behalf of: _____ an individual _____ a business

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a cancellation form, please contact Frontier Lodge.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca