



# JOIN PUBLIC INTEREST ALBERTA MONTHLY SUSTAINING MEMBERSHIP

## Public Interest Alberta

We rely entirely on the financial support of our individual and organizational members to build a strong advocacy network across Alberta.

To become a monthly sustaining member, fill out the information below and either mail or fax with your cheque marked "void" to:

Public Interest Alberta  
3<sup>rd</sup> Floor, 10512 122 Street  
Edmonton, AB T5N 1M6  
Ph: (780) 420-0471 / Fax: (780) 420-0435

### CONTACT INFORMATION:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Province \_\_\_\_\_ Code \_\_\_\_\_

Phone \_\_\_\_\_ (hm) \_\_\_\_\_ (wk)

Fax \_\_\_\_\_ Email: \_\_\_\_\_

### PRE-AUTHORIZED ELECTRONIC FUNDS TRANSFER

I HEREBY AUTHORIZE PUBLIC INTEREST ALBERTA TO INITIATE AN ELECTRONIC FUNDS TRANSFER FROM MY ACCOUNT IN THE AMOUNT OF \$ \_\_\_\_\_ EVERY MONTH STARTING THE 15<sup>TH</sup> / 30<sup>TH</sup> DAY OF \_\_\_\_\_, 201\_\_\_.  
(circle one)

BANK ROUTE # \_\_\_\_\_ BANK TRANSIT # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY, PROVINCE CODE

NOTE: IF YOUR DEBIT IS TO A CHEQUING ACCOUNT, PLEASE ATTACH A CHEQUE MARKED "VOID".

I FURTHER ACKNOWLEDGE BY MY SIGNATURE, DULY DATED, THAT I SHALL BE RESPONSIBLE FOR ANY COSTS INCURRED BY PUBLIC INTEREST ALBERTA THAT MAY ARISE FROM MY FAILURE TO IMMEDIATELY ADVISE THEM OF ANY CHANGE, FOR ANY REASON, TO MY BANK ACCOUNT NUMBER OR ADDRESS, FROM THE FOREGOING INFORMATION.

\_\_\_\_\_  
ACCOUNT HOLDER SIGNATURE

\_\_\_\_\_  
DATE OF SIGNATURE