

## A Convenient Way To Send Your Gift

Your monthly gift to the ministry of OMF can be made easily and economically by using our "**Preauthorized Payment Plan**".

- \* **Save money** - postage and envelope costs are eliminated because the donation is transferred automatically!
- \* **Save time** - no monthly cheques to write. Less administration time by OMF to process your gift.
- \* **Save worry** - no fear of late, lost or stolen cheques, or what to do in the event of a postal strike. Your gifts are received safely and promptly.

You will receive a **yearly receipt** for your gifts, unless otherwise requested.

*The pre-authorized payment plan is approved by Canadian banks, trust companies, credit unions and Caisses Populaires.*

### Here is What To Do:

1. Decide how much you are able to give each month and complete the authorization form, providing all of the information requested.
2. **IMPORTANT: Enclose a sample cheque marked VOID. The sample cheque will provide us with the information necessary to begin automatic deductions.**
3. Mail to: Jean Gower  
OMF International - Canada  
5155 Spectrum Way Bldg 21  
Mississauga, ON L4W 5A1

## Please complete the following

Name \_\_\_\_\_

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

\_\_\_\_\_ City

\_\_\_\_\_ Prov. Postal Code

Phone ( ) \_\_\_\_\_  
Residence

( ) \_\_\_\_\_  
Business

This donation is made by:

\_\_\_\_\_ an Individual \_\_\_\_\_ a Business

I hereby authorize OMF to arrange automatic deductions from my bank account on the **16th** day of each month.

Indicate your preference as follows:

\$ \_\_\_\_\_ General Fund

\$ \_\_\_\_\_ Missionary Support for: \_\_\_\_\_

\$ \_\_\_\_\_ Other: \_\_\_\_\_

Total amount \$ \_\_\_\_\_  
(per month)

Commencing \_\_\_\_\_  
(month)

**All gifts are processed on the 16<sup>th</sup> of the month.**

## Bank Account Information:

Account Number \_\_\_\_\_

Bank Transit Number \_\_\_\_\_

Financial Institution Number \_\_\_\_\_

Financial Institution:  
Name & Branch Address \_\_\_\_\_

**This authorization may be cancelled or changed at any time following written notice, phone call or email.**

Phone 905-568-9971  
Toll Free 1-888-657-8010  
Fax 905-568-9974  
E-mail jgower@omf.ca

I am aware that 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](http://www.cdnpay.ca).

Signature: \_\_\_\_\_

Date \_\_\_\_\_

**Please allow four weeks to process a new application, make a change or a cancellation.**