

Pre-authorized Debit (PAD) Agreement

Signature

4490 7th Concession, Windsor, ON N9A 6J3 Phone 519.972.5385 • Fax 519.972-0075 obff@wcf.ca • www.obff.com

Date

Monthly Supporters Only		
I want to support Open Bible Fait	h Fellowship throu	igh monthly donations.
Please debit my bank account: (attach VOID cheque)		
Amount:	• ,	
This donation is made on behalf of:	□an Individual	☐a business (this includes ministries)
The debit will be processed to your account on the 15th of each month or the next business day.		
OBFF Affiliates Annual Dues Payment Only		
I want to pay my annual dues. (Renewal form will still need to be submitted to finalize process)		
Please debit my bank account: (atta	ach VOID cheque)	
Amount:		
The debit will be processed to your account on the 1 st business day in January each year.		
OBFF Annual Conference Fees		
I want to pay my conference fees. (Conference registration form will still need to be submitted)		
Please debit my bank account: (attach VOID cheque)		
Amount:		
The debit will be processed upon receipt of your annual conference registration form.		
All		
Donor/Affiliate Name:		
Address/Contact Information:		
Registered Canadian Charity? ☐Yes ☐No		
I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca .		
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.		