



**DIRECT PAYMENT SERVICE
ENROLMENT AUTHORIZATION FORM**

Please fill in and return this form to **ONMB** with a personal cheque unsigned and marked VOID, or a direct withdrawal form from your bank (for verification purposes).

Name: _____

Address: _____

City: _____ Province: _____ PC: _____

I/WE AUTHORIZE **ONMB**, 339 Scott St, St Catharines, ON L2N 1J7 TO DEBIT MY ACCOUNT, for the purpose of supporting the work of the ministry at and through **ONMB**.

TOTAL MONTHLY DONATION: \$ _____

Distribution Schedule: 15th 30th

I/WE have read and understand the terms of this authorization and acknowledge receipts of a copy thereof (see other side of this form).

Signature

Date

Signature*

Date



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I/WE will notify **ONMB** in writing of any changes in the account information or termination of this authorization at least 60 days prior to the next payment date.

I/WE understand that termination of this authorization does not affect my/our obligation to pay for goods or services contracted for with **ONMB**.

MY/OUR financial institution will treat each debit as if I/WE had personally issued a written direction authorizing **ONMB** to debit the amount specified to MY/OUR account and need not verify that payments are drawn in accordance with this authorization.

I/WE understand that any debits charged to MY/OUR account will be reimbursed if:

- (a) This debit was not drawn in accordance with this authorization;
- (b) This authorization had been terminated; or
- (c) The debit was posted to the wrong account due to invalid/incorrect account information supplied by **ONMB**, by giving notice in writing to my/our branch of account within 90 days of the debit of my/our account.

I/WE acknowledge that delivery of this authorization to the Company constitutes delivery to my financial institution.

I/WE warrant that all persons whose signatures are required to sign up on this account have signed this authorization form.