



PAR AUTHORIZATION FORM

(For new PAR donors and to make changes to banking details)

PAR congregational number: _____

Name of church PAR contact: _____

Phone number: _____

Envelope # _____ Gift amount: \$ _____

Name of local church: _____

This donation/payment is made by: Individual(s) Business

This gift to the above local church is to benefit

Local church: \$ _____ Mission and Service Fund: \$ _____ Other: \$ _____

Name: _____

Name 2: _____ (optional)

Name 3: _____ (optional)

Preferred addressee(s) on mailings: _____

Street #: _____ Street name: _____

City: _____ Province: _____ Postal code: _____

Please attach a VOID cheque.

I/We request/authorize The United Church of Canada to debit my/our account on the 20th of every month, starting the 20th of _____ this year of _____. I also recognize & agree to the following:

- *I may change the amount of my contribution at any time by contacting our church PAR contact.*
- 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 PAR agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.
- **I waive my right to receive pre-notification of the amount of pre-authorized remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed**

Due to high service charges (2.5% for Visa and Mastercard; we do not accept AMEX), we generally do not encourage people to use credit cards for PAR donations. However, if donors wish, this service is still available:

Card number: _____ Expiry: _____
MM YY

Name on card: _____

Signed: _____ Dated: _____

The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation including, but not limited to, the *Personal Information Protection and Electronic Documents Act (2000, c.5)*.