

PAR Authorization Form

FOR USE BY PAR ADMINISTRATOR			
PAR Congregational Number:			
Church PAR Administrator:			
Phone Number:			
E-mail:			

	I am a new PAR donor.				
	I want to make changes to my	existing PAR arrangements.			
Donor	Name(s):				
Addres	ss:				
City:		Province:	Postal code:		
E-mail	:				
Envelo	Envelope # Monthly Gift Amount \$				
Po I I/We r my/ou	Christ Church Seaway D Box 59 / 2 Bethune Ave Long Sault, ON KoC 1Po request/authorize The United Ch	nurch of Canada, on behalf of, and a nonth, starting the 20 th of	St. John the Evangelist Lancaster 20788 South Service Rd. South Lancaster, ON KoC 2Co		
		f my contribution at any time by co	ntacting our church PAR contact.		
	I/we 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/we 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.				
	•	*** Please attach a VOID chequ	e ***		
	Signed:	Date	d:		

Thank you for your generosity.

The use, retention, and disclosure of personal information collected from this form is done in compliance with privacy legislation and adheres to the principles of the Personal Information Protection and Electronic Documents Act (S.C. 2000, c.5).