

PAR AUTHORIZATION FORM

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

THED CHURCH OF C.	PAR Congregational Num	ber:
I/We,	(envelope #), request and authorize The
United Church of Canada to debi	t my/our account on the 20th of every i	month in the amount of \$,
starting on the 20th of	(enter month). This	s contribution is made on behalf of:
Name of Local Church:		
Address:		
City:	Province:	Postal Code:
This contribution by me/us to the	e above local church is to benefit:	
Local Church \$	Mission and Service Fund \$	Other \$
This donation/payment is made	by (check one): Individual(s) _	Business
	Please attach a VOID cheq	ue.
Signed:	Date:	
 I may revoke my authorization at obtained from the Church PAR Cor I have certain recourse rights if a reimbursement for any debit that is recourse rights, I may contact my f I waive my right to receive 	contribution at any time subject to providing notice any time, subject to providing notice of 15 days needed to be contacting my financial institution or vary debit does not comply with this agreement. For not authorized or is not consistent with this PA financial institution or visit www.cdnpay.ca . The pre-notification of the amount of the dvance notice of the amount of PAR before the control of the amount of PAR before the control of the distribution of the amount of PAR before the control of the contro	that which time I will submit a cancellation form visiting www.cdnpay.ca . For example, I have the right to receive Ragreement. To obtain more information on my Pre-Authorized Remittance (PAR) and
Name of Church PAR Contact: _	Ph	one No.:
	6 for Visa and MasterCard), we generally de onations. However, if donors wish, this serv	
Debit My Credit Card Number	CARD NUMBER	EXP
Me access to be becomed by access with access to	nd apply all relevant provisions of the Canadian Roymants Ast and all related by	love rules and standards in force from time to time as they apply

Church Name: ____