



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: _____ Preferred addressee on mailings

Name 2: _____ (optional)

Name 3: _____ (optional)

Street number/unit: _____ Street name: _____

City: _____ Province: _____ Postal code: _____

E-mail: _____

Option 1: Pre-authorized debit

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 20___. 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

Option 2: Visa or Mastercard

Please note that a 2–3% service charge reduces the total of your donation to your congregation.

Card number: _____ Expiry: _____
MM YY

Name on card: _____

Signed: _____ Dated: _____