



FOR OFFICE USE:

PAR Authorization

HE UNITED CHURCH OF CANADA	PAR congregation number:				
For registration of new PAR donors For banking changes for existing donors	Church PAR ac	dministrator:			
	Phone numbe	r:			
	E-mail:				
Oonor name:					
Address:					
City: Pr	ovince:	Postal code:	Postal code:		
E-mail:	Envelope #:	velope #:Gift amount: \$		_	
Name of local church:					
Address:					
his gift to the above local church is to	benefit				
ocal church: \$ Mission a	nd Service: \$	Other: \$			
Option 1: Pre-authorized debit					
Please attach a <u>VOID</u> cheque.					
/We request/authorize The United Chu	ırch of Canada to	debit my/our account of	on the 20	th of	
every month, starting the 20th of ollowing:	_ this year of 20_	I also recognize and	d agree t	o the	
I/we may change the amount of my contributio I/we have certain recourse rights if any debit do		_	vo tho right	to receive	
reimbursement for any debit that is not authori	zed or is not consistent	with this PAR agreement. To o	•		
information on my recourse rights, I may contact I/we waive my right to receive pre-notification or require advance notice of the amount of PAR be	of the amount of pre-au	uthorized remittance (PAR) and	l agree that	I do not	
iignature:	Date:				
Option 2: Visa or MasterCard					
Please note that a 2–3% service charge red	uces the total of yo	our donation to your cong	regation.		
Card number:		Expiry:			
Name on card:			MM	YY	
Signature:		Date:			

Thank you for your generosity.

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).