

# PAR Authorization Form



Contributor's Name (Please print): \_\_\_\_\_ Envelope # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

## Distribution is to be as follows:

Our Church: \$ \_\_\_\_\_ Presbyterians Sharing: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_ (please specify, e.g. PWS&D)

## Option 1: Pre-Authorized debit

Please attach a VOID cheque.

I/We hereby request and authorize The United Church of Canada on behalf of:

(congregation name) \_\_\_\_\_

(congregation address) \_\_\_\_\_

to debit my/our account on the 20th day of each month in the amount of \$ \_\_\_\_\_ starting on the 20th of

(enter month/year) \_\_\_\_\_ as my/our contribution to be allocated as noted above.

## I/We also recognize and agree to the following:

- I/we may change the amount of the contribution at any time by giving our church PAR 15 days notice.
- I/we 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](http://www.cdnpay.ca).
- I/we waive my/our right to receive pre-notification of the amount of pre-authorized remittance (PAR) and agree that I/we do not require advance notice of the amount of PAR before the debit is processed.
- The use, retention and disclosure of personal information collected from this form is done in compliance with all applicable federal and provincial privacy legislation, and adheres to the principles of the Personal Information Protection and electronic Documents Act (S.C. 2000, c.5).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Option 2: Visa/MasterCard/American Express

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

Card number: \_\_\_\_\_ Expiry: (MM/YR) \_\_\_\_\_ / \_\_\_\_\_ CVV2: \_\_\_\_\_ (3-digit code)

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note: The United Church of Canada kindly administers the PAR program for congregations of The Presbyterian Church in Canada.

## For office use only

Name of Church PAR Contact: \_\_\_\_\_


Phone: \_\_\_\_\_ PCC PAR Number: \_\_\_\_\_

After completing this form, return it to your congregation's PAR contact.

001

DATE 2 0   -   -

PAY TO THE ORDER OF  \$

/ 100 DOLLARS  Security features included. Details on back.

MEMO

⑈00⑈ ⑆12345⑆809⑆ ⑆123456789123⑈

Account Number (12 Digits)

Financial Institution Number (3 Digits)

Branch/Transit Number (5 Digits)

004


NAME


ADDRESS

CITY, PROVINCE, POSTAL CODE

DATE

PAY TO THE ORDER OF  \$

/ 100 DOLLARS  Security features included. Details on back.

 **Canada Trust**  
220 DUNDAS ST.  
LONDON, ONTARIO N6A 4S4

MEMO

⑈004⑈ ⑆12345⑈004⑆ ⑆1234⑈ ⑆1234567⑈

Cheque number

Transit (Branch) number

Financial Institution number

Designation number

Account number