	FOR USE BY PAR ADMINISTRATOR
PAR AUTHORIZATION FORM	PAR congregational number: 3040095.
	Church PAR administrator: MARIANNE RASMUS
	Phone number: 6/3-238-4774.
☐ For registration of new PAR donors or	
☐ For banking changes for existing donors	E-mail: KnoxoHawa Drogers.com.
Donor name:	
Address:	
City: Province:	Postal code:
E-mail	Envelope# Gift amount \$
Name of local church:	
Address:	
This gift to the above church is to benefit	
Local church: \$ Mission &	Service: \$ Other: \$
Option 1: Pre-authorized debit	
Please attach a <u>VOID</u> 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, 20 I/we also recognize and agree to the following:	
I/we may change the amount of my contribution at any time by contacting 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.	
!/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.	
Signed:	Dated:
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:
Name on card:	MM YY

Thank you for your generosity.

Signed: ______ Dated: _____

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).