

# Southwood Church

10690 Elbow Drive SW, Calgary, AB T2W 1G4  
TEL: 403-253-2979 | FAX: 403-255-0086  
EMAIL: [office@southwoodchurch.ca](mailto:office@southwoodchurch.ca)  
Registered Charity #: 131816506RR0001

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Dear Friend,

Thank you for choosing to donate regularly to the mission and ministry of Southwood United Church via Pre-authorized Remittance (or “PAR”).

PAR allows you to support our church through an automatic monthly withdrawal from your bank account. The United Church of Canada (our denomination) administers this program following the donor’s wishes and directs the “Local church” amount you request to our congregation.

Besides being convenient, using PAR for your offering ensures regular monthly giving to help our church’s ministry even when you are away. You will be providing a dependable flow of contributions, which increases the church’s overall financial stability. This is much appreciated!

After filling out this form, please send it in to the office along with a void cheque. If you have the ability to scan and e-mail the form and cheque to **office@southwoodchurch.ca**, that would be preferred, but regular mail is also perfectly acceptable. Our mailing address is:

**10690 Elbow Dr SW  
Calgary AB T2W 1G4.**

Thanks again for your generosity! If you have any questions or concerns, please don’t hesitate to reach out to Donna, our Church Administrator (her contact info is listed at the top of this page).

Blessings,

The Southwood Church Team



# PAR AUTHORIZATION FORM

- For registration of new PAR donors  
 or  
 For banking changes for existing donors

FOR USE BY PAR ADMINISTRATOR	
PAR congregational number:	_____
Church PAR administrator:	_____
Phone number:	_____
E-mail:	_____

Donor name: \_\_\_\_\_

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

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

E-mail \_\_\_\_\_ Envelope# \_\_\_\_\_ Gift amount \$ \_\_\_\_\_

Name of local church: **Southwood United Church**

Address: **10690 Elbow Dr SW, Calgary AB, T2W 1G4**

This gift to the above church is to benefit

Local church: \$ \_\_\_\_\_ Mission & Service: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

## 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, 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.cdnnpay.ca](http://www.cdnnpay.ca).
- I/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: \_\_\_\_\_  
MM YY

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

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**Thank you for your generosity.**

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)*.