

CHURCH OF ST. AIDAN, TORONTO
PRE-AUTHORIZED GIVING (PAG) AUTHORIZATION & CHANGE FORM

I/We would like to: ___ register as new PAG donor
 ___ change my banking details

I/We request and authorize The Church of St. Aidan (2423 Queen St E, Toronto ON M4E 1H6) to debit my/our account on the 20th of every month, in the amount of \$ _____, starting on the 20th of _____ (month), 20____ (year).

This contribution by me/us to St. Aidan's is to be distributed as follows (*choose one or more*):

- | | |
|--|----------|
| <input type="checkbox"/> General Work of the Parish | \$ _____ |
| <input type="checkbox"/> Strong Roots, New Season Campaign | \$ _____ |
| <input type="checkbox"/> Faithworks | \$ _____ |

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.
- 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.

Name(s): _____
Address: _____
Phone #: _____ Email: _____

***** Please include a VOID cheque. You can obtain a digital version of this from your online banking website.***

Signature: _____ Date: _____

St. Aidan's PAG Contact: Amy Ferguson, email: donations@staidansinthebeach.com

The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation and adheres to the principals of the *Personal Information Protection and Electronic Documents Act (S.C. 2000, c.5)*.

Thank you for your generosity.