## **PAR Authorization Form**

Contributor's Name (Please Print)



		-	
Identification (Envelo			
If you do not have an	identification number, please prov	vide the following	information:
Address:			
	Province:		Postal code:
Distribution is to be a	s follows:		
	Presbyterians Sharing: \$	Other: \$	(please specify e.g. PWS&D)
		σωισιι φ	(p.case specify e.g. : 1.case)
<u> Option 1: Pre-Auth</u>			
Please attach a VOID	cheque.		
Westminster Presbyte to debit my/our accou	and authorize The United Church or erian Church, 290 Edgepark Blvd N unt on the 20th day of each month as my/our contribution t	W, Calgary, AB T3 in the amount of	3A 4H4 <sup>-</sup> \$, starting on the 20th of (enter
I/We also recognize a	nd agree to the following:		
• I/we may change the a 15 days	amount of the contribution at any tim	e by contacting our	church PAR contact, subject to providing notice of
reimbursement for any		onsistent with this I	nent. For example, I/we have the right to receive PAR agreement. TO obtain more information on my
	ht to receive pre-notification of the a of the amount of PAR before the debi	· ·	orized remittance (PAR) and agree that I/we do not
			orm is done in compliance with all applicable federa nformation Protection and electronic Documents Ad
Signature:		Date:	
Option 2: Visa/Mas	sterCard/American Express		
	% service charge reduces the tota	l of your donation	to your congregation.
Card number:	Expiry: (M	M/VR) /	CVV2: (3-digit code)
Name on card:			(5 digit code)
Signature:		Date:	<del></del>
* Please note: The Unite Canada.		rs the PAR program	for congregations of The Presbyterian Church in

After completing this form, return it to the Donations Administrator, Anne Jaggard, 148 Silver Mead Crescent NW,

Calgary AB T3B 3W1 Phone: 403-813-3991 Email: jaggardm@telus.net PCC PAR Number: 10011025