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# _____ Monthly 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 VOID cheque.

I/We request/authorize St. John the Divine Anglican Church Courtenay 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.
- 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 2.5% 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)*.

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