



PAR AUTHORIZATION

Pre-Authorized Bank Debit

Holy Trinity Church North Saanich
PAR Congregational Number: 11020345

Please indicate:

For PAR registration of new donors ☐

For banking change of existing donors ☐

PAR contact: Jan Horner

Phone number: 250-656-3223

E-mail: givings@holytrinityns.org

Donor Name(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

E-mail: _____ Envelope # (if known): _____

This contribution to Holy Trinity North Saanich, 1319 Mills Road North Saanich, BC V8L 5T2 is made for:

General Donation \$_____/month Outreach \$_____/month

Please attach a Void cheque

I/We, request and authorize The United Church of Canada to debit my/our account on the 20th of every month in the total amount of \$_____, starting on the 20th of _____ (enter month).

I/We also recognize and agree to the following:

- I may change the amount of my contribution at any time subject to providing notice of 15 days.
- I may revoke my authorization at any time, subject to providing notice of 15 days at which time I will submit a cancellation form obtained from the Church PAR Contact or by contacting my financial institution or visiting www.cdnpay.ca.
- I 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 waive my right to receive pre-notification of the amount of the Pre-Authorized Remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed**

Signed: _____

Date: _____

Alternate Option to Bank Debit:

Due to high service charges (2.5% for Visa and MasterCard), we generally do not encourage people to use credit cards for PAR donations. However, if donors wish, this service is still available.

Credit Card Number _____

CARD NUMBER

EXP _____

MM

YY

Name on Card: _____ Authorized Signature: _____

We agree to be bound by, comply with, respect and apply all relevant provisions of the Canadian Payments Act and all related by-laws, rules and standards in force from time to time as they apply to PARs including, without limitation, the Confirmation/Pre-notification requirements or waiver of Pre-notification requirements and cancellation requirements as set out in Rule H1.

The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation, including but not limited to, the Personal Information Protection and Electronic Documents Act (2000, c.5).