

Signed: ____

AUTHORIZATION	FORM PAR congregational number: Church PAR administrator: Phone number:		
FORM			
☐ For registration of new PAR donors			
For banking changes for existing donors			
Oonor name:			
Address:	<u> </u>		
City: Province	:	Postal code:	
-mail	_ Envelope#	Gi	ft amount \$
Name of local church:		., .	
Address:			
his gift to the above church is to benefit			
ocal church: \$Mission &	Service: \$	Othe	er: \$
Option 1: Pre-authorized debit Please attach a <u>VOID</u> cheque.			
/We request/authorize The United Church of tarting the 20th ofollowing:			
I/we may change the amount of my contribution	on at any time by contac	cting our church	PAR contact.
I/we have certain recourse rights if any debit de receive reimbursement for any debit that is not more information on my recourse rights, I may	authorized or is not co	nsistent with this	PAR agreement. To obtain
I/we waive my right to receive pre-notification not require advance notice of the amount of PA	of the amount of pre-au AR before the debit is p	uthorized remitta rocessed.	nce (PAR) and agree that I do
Signed:		Dated:	Andrew del Transpire
Option 2: Visa/MasterCard/Americ Please note that a 2-3% service charge reduc	-	onation to you	r congregation.
Card number:			
Jame on card:	<u></u>	IM YY	(3 digit code on back)

Thank you for your generosity.

______ Dated:

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