PAR AUTHORIZATION FORM	FOR USE BY PAR ADMINISTRATOR		
	PAR congregational number:		
	Church PAR administrator:		
☐ For registration of new PAR donors	Phone number:		
or	E-mail:		
\square For banking changes for existing donors			
Donor name:			
Address:			
City: Province:	Postal code:		
E-mail	Envelope# 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 <u>VOID</u> cheque.			
I/We request/authorize The United Church of Canada 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.			
			not comply with this agreement. For example, I have the right to receive or is not consistent with this PAR agreement. To obtain more information on ution or visit www.cdnpay.ca.
		 I/we waive my right to receive pre-notification of th require advance notice of the amount of PAR before 	e amount of pre-authorized remittance (PAR) and agree that I do not ethe debit is processed.
Signed:	Dated:		
Option 2: Visa/MasterCard/American Express			
Please note that a 2–3% service charge reduces the to	otal of your donation to your congregation.		
Card number:	Expiry:		

Thank you for your generosity.

Signed: _____ Dated: ____

Name on card: _____

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)*.

MM

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