

PAR Congregational
Number

PAR AUTHORIZATION FORM

(For new PAR donors and any banking changes)

10010800

Church Name: St. Thomas United Church

I/We, _____, hereby request and authorize The United Church of Canada on behalf of:

Name of local church: _____

Address: _____

City: _____ Province: _____ Post Code: _____

To debit my account on the 20th day of each month the amount of \$ _____ as a contribution by me to the above local church to benefit:

Local Church \$ _____ Mission and Service Fund \$ _____ Other \$ _____

Institution No: _____ Transit/Branch No: _____ Account No.: _____

TO ENSURE ACCURACY, A SAMPLE UNSIGNED CHEQUE MARKED "VOID" MUST ACCOMPANY THIS AGREEMENT

OR

Debit my credit card number _____ EXP _____
CARD NUMBER MM YY

Name on card: _____ Authorized Signature: _____

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Name of the Church PAR Contact: _____ Phone#: _____

This donation is made on behalf of: _____ Individual(s) _____ Business

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 PAD 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 Debit (PAD) and agree that I do not require advance notice of the amount of PADs before the debit is processed.