

PAR Congregational  
Number

# PAR AUTHORIZATION FORM

(For new PAR donors and any banking changes)

# \_\_\_\_\_

Church Name: \_\_\_\_\_

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 20<sup>th</sup> 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](http://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](http://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.**