



# PAR AUTHORIZATION FORM

Please check:  PAR registration of new donor(s)  
 Banking change for existing donor(s)

Church Name: Mill Woods United Church

PAR Congregational Number: 10040420

I/We, \_\_\_\_\_ (envelope # \_\_\_\_\_), request and authorize The United Church of Canada to debit my/our account on the 20th of every month in the amount of \$ \_\_\_\_\_ starting on the 20th of \_\_\_\_\_ (month). This contribution is made on behalf of:

Name of Local Church: Mill Woods United Church

Address: 15 Grand Meadow Crescent NW

City: Edmonton Province: Alberta Postal Code: T6L 1A3

This contribution by me/us to the above local church is to benefit:

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

(please specify)

This donation/payment is made by (check one):  Individual(s)  Business

**Please attach a VOID cheque.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Church PAR Contact: Janice Martin Phone No.: 780 463 2202

When this form is complete, please give it to your designated PAR contact

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

Debit My Credit Card Number: \_\_\_\_\_ EXP \_\_\_\_\_  
CARD NUMBER MM YY

Name on Card: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

- I may change the amount of my contribution at any time subject to providing 15 days' notice.
- I may revoke my authorization at any time, subject to providing notice of 15 days to the United Church by submitting a cancellation form obtained from the church PAR contact.
- 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](http://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.**

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).