

Card number: __

Signed:

MM

YY Name on card: _____



FORM

PAR congregational number: ______ Church PAR administrator: PAR AUTHORIZATION Phone number: ☐ For registration of new PAR donors For banking changes for existing donors Donor name: Address: City: ______ Province: _____ Postal code: _____ E-mail _____ Envelope# ____ Gift amount \$ ____ (per month) Name of local church: _____Lakefield United Church_____ Address: ______P. O. Box 267, Lakefield, ON KOL 2HO______ This gift to the above church is to benefit Local church: \$ _____ Mission & Service: \$ _____ Other: \$ _____ **Option 1: Pre-authorized debit** Please attach a VOID 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 . 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. I/we 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. I/we waive my right to receive pre-notification of the amount of pre-authorized remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed. Signed: X_______Dated: X______ **Option 2: Visa/MasterCard/American Express** Please note that a 2–3% service charge reduces the total of your donation to your congregation.

FOR USE BY PAR ADMINISTRATOR

your generosity. 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).

_____ Dated: _____

Expiry: