



PAR AUTHORIZATION FORM

(For new PAR donors and to make changes to banking details)

Church Name: Knox United Church – Agincourt
PAR Congregational Number: 5150300

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

Name of Local Church: KNOX UNITED CHURCH - AGINCOURT

Address: 2569 MIDLAND AVENUE

City: TORONTO Province: ONTARIO Postal Code: M1S 1R3

Please debit my account on the 20th of each month the amount of \$ _____ starting from _____ / _____ / _____
(dd/mm/yyyy)

(attach VOID cheque) as a contribution by me to the above local church, to benefit:

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

This donation/payment is made on behalf of (check one): _____ Individual(s) _____ Business

Signed: _____ Date: _____ / _____ / _____
(dd/mm/yyyy)

- I may change the amount of my contribution at any time subject to providing notice of 15 days.
- 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 PAR 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 Remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.**