

PAR (Pre-authorized Remittance)



Name: _____

Address: _____

Phone: _____

My/Our Monthly Commitment for 2024 is:

General Expenses: _____

Mission & Service Fund: _____

Other (please specify fund and amount): _____

If banking information is changing, a new voided cheque is required for it to be started.

***** For New PAR Donors *****

Please include a voided cheque when you return this form to the Church. It provides the necessary information for the transaction to occur.

I/We request/authorize the United Church of Canada to debit my/our account on the 20th day of every month, starting the 20th of _____ this year of 20___. Also, I recognize and agree to the following:

- I/We understand that this authorization will remain in force until cancelled or changed by my/ourselves.
- I/We may change the amount of my contribution at any time by contacting Trinity's Office Administrator.
- 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.

Signature: _____ Date: _____