



# PAR AUTHORIZATION FORM

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

Church Name: **Aurora United Church**  
PAR Congregational Number: **5120010**

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 \_\_\_\_\_ (enter month). This contribution is made on behalf of:

Name of Local Church: **Aurora United Church**

Address: **15186 Yonge Street**

City: **Aurora** Province: **Ontario** Postal Code: **L4G 1L9**

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

Local Church \$ \_\_\_\_\_

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

*Please attach a VOID cheque.*

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

- 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](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 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.**

Name of Church PAR Contact: **Carmen Harany** Phone No.: **905-727-1935 Ext. 22**

**Due to high service charges (2.5% for Visa and MasterCard), 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: \_\_\_\_\_

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).*