

PAR AUTHORIZATION FORM

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

Church Name: Saint Andrew's Presbyterian Church PAR Congregational Number: 2030185

Completed form along with void cheque may be mailed to the church, dropped off at the church office, put in the offering plate at Sunday worship, or scanned and emailed to sapc@sapc.ca.

i/we,	, envelope #	, nereby request and authorize The United Church of	
Canada on behalf of:			
Name of Local Church: Saint Andrew's Presbyterian Church			
Address: 512 Charlotte	<u>Street</u>		
City: <u>Fredericton</u>	Province: <u>New Brunswick</u>	Postal Code: E3B 1M2	
(Attach Voided Cheque)			
Please debit my account on the 20 th of each month the amount of \$			
starting from (month) _	, 20 as a cor	ntribution by me to the above local church, to benefit:	
Local Church \$ PWS&D \$ Other \$			
This donation/payment is made on behalf of (check one): Individual(s) Business			
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	obtained from the Church PAR Contact or by contacting my financial institution or visiting www.cdnpay.ca.		
I have certain reco	• I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive		
reimbursement fo	reimbursement for any debit that is not authorized or is not consistent with this PAR Agreement. To obtain more information		
on my recourse rig	thts, I may contact my financial insti	tution or visit <u>www.cdnpay.ca</u> .	
I waive my right	nt 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.			

Phone No.: 455-8220

Name of Church PAR Contact: Tara Cyr, Office Administrator