



PAR AUTHORIZATION FORM

Please mark: For PAR registration of new donors
For banking change of existing donors
For change of existing donation

Church Name: St Peter's Anglican Church, Comox
PAR Congregational Number: 11020135

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: ST. PETER'S ANGLICAN CHURCH, COMOX

Address: 218 CHURCH STREET

City: COMOX

Province: BC

Postal Code: V9M 2G3

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

Local Church \$ _____ Partners in Mission \$ _____ Outreach \$ _____

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

New Registrations or Change in Banking Information 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.
- 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.**

Name of Church PAR Contact: LESLIE DOJACK Phone No.: 250 897-0612

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 _____ CARD NUMBER _____ EXP _____ 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).