

PRE-AUTHORIZED REMITTANCES

(PAR)

Many choose to have their donation come out of their bank account each month through pre-authorized giving. If you are interested in pre-authorized remittances please:

1

Print out the PAR form (see below).

2

Fill in the required information.

3

Scan signed form and void cheque.

4

Return to the church office via email at trafalgarchurchadmin@bellnet.ca or our Envelope secretary Wendy Stewart.

PAR Authorization Form

The Presbyterian Church in Canada

Contributor's Name *(Please Print)* _____ Envelope #: _____

I hereby request and authorize The United Church of Canada* on behalf of: _____
(name of congregation)

(address of congregation)

to debit my account on the 20th day of each month in the amount of \$ _____, starting on the 20th of
(enter month/year) _____ as my/our contribution to be allocated as noted below.

Distribution is to be as follows:

Our Church: \$ _____ Presbyterians Sharing: \$ _____ Other: \$ _____
(please specify, e.g. PWS&D, youth ministry, etc.)

Bank/Institution No: _____ Transit/Branch No: _____ Account No: _____

Please attach a VOID cheque.

This donation is made on behalf of: individual(s) business *(please tick correct category)*

Signature: _____ Date: _____

*Please note: The United Church of Canada kindly administers the PAR program on behalf of The Presbyterian Church in Canada.

Legal Information

- 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 my church's PAR Contact, by contacting my financial institution or by 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 pre-authorized remittance 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 and agree that I do not require advance notice of the amount of pre-authorized remittance before the debit is processed.
- 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).

For office use only

Name of Church PAR Contact: _____

Phone # _____ PCC PAR Number: _____