



PAR AUTHORIZATION FORM

- For registration of new PAR donors
- For banking changes for existing donors
- Cancellation

FOR USE BY PAR ADMINISTRATOR

PAR congregational number: 10070180
 Church PAR administrator: Patricia Roozendaal
 Phone number: 403-493-5652
 E-mail: bookkeeper@ralphconnor.ca
 Donor Reference # (if changes): _____

Donor name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

E-mail: _____ Phone Number: _____

Name of local church: Ralph Connor Memorial United Church

Address: PO Box 8901, Stn Main, Canmore, AB T1W 0J3

This gift to the above church is to benefit: Total gift amount \$ _____

Amount to Other Funds: _____

Local church: \$ _____ Mission & Service: \$ _____ Other Total: \$ _____

Option 1: Pre-authorized debit

Please attach a **VOID** cheque. You may mail to Ralph Connor at P.O. Box 8901 Stn. Main, Canmore, AB T1W 0J3 or scan to bookkeeper@ralphconnor.ca.

I/We request/authorize The United Church of Canada to debit my/our account on the 20th of every month, starting the 20th _____ of, 20 _____. I/we also recognize and agree to the following:

- I/we may change the amount of my contribution at any time by contacting our church PAR contact.
- 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.

Signed: _____ Dated: _____

Option 2: Visa/MasterCard/American Express If you wish to use a credit card, to ensure security, please MAIL this form to Ralph Connor at P.O. Box 8901 Stn. Main, Canmore, AB T1W 0J3 or PHONE Patricia at 403-493-5652. NOTE: A 2-3% service charge reduces the total of your donation.

Card number: _____ Expiry: _____
MM YY

Name on card: _____

Signed: _____ Dated: _____

CANCELLATION: Name of Donor: _____ Donor Reference #: _____
 Signed: _____ Date Signed: _____

Thank you for your generosity.

The use, retention, and disclosure of personal information collected from this form is done in compliance with privacy legislation and adheres to the principles of the *Personal Information Protection and Electronic Documents Act (S.C. 2000, c.5)*.
 The United Church of Canada Attn: PAR • 3250 Bloor St. West, Suite 200, Toronto, ON M8X 2Y4
 1-800-268-3781, ext. 3152/3050 • fax: 416-231-3103 • par@united-church.ca