

PAR AUTHORIZATION FORM

	PAR congregational number: 100/0180				
	Church PAR administrator: Patricia Roozendaal			oozendaal	
		Phone number:	403-493-	5652	
☐ For registration of new☐ For banking changes f		F-mail:	hookkeen	er@ralphconnor.ca	
☐ Cancellation	or existing donors				
		Donor Reference # (if changes):			
Donor name:					
Address:					
			ostal code.		
City.	Province: Postal code:				
E-mail:					
Name of local church:	Ralph Connor Memorial	United Church			
Address:	PO Box 8901, Stn Main,	Canmore, AB T1W	0J3		
his gift to the above church	n is to benefit: Total gift amoun	t \$	Other		
ms gire to the above enarer	Tis to serient. Fotor girt amount		(Note: Only 1 other category per donor)		
ocal church: \$	Mission & Service:		-		
		т		(1010101010)	
ption 1: Pre-author					
lease attach a <u>VOID</u> chequ	IE. You may mail to Ralph Connor at P.O). Box 8901 Stn. Main, Canmore,	AB T1W 0J3 or scan to	bookkeeper@ralphconnor.ca	
· ·	United Church of Canada to debi		-		
	of, 20 I/			ıg:	
-	unt of my contribution at any tir	_			
reimbursement for any deb	rights if any debit does not comp bit that is not authorized or is not ontact my financial institution or	t consistent with this PAR	•		
I/we waive my right to rece	eive pre-notification of the amou	nt of pre-authorized remi	ttance (PAR) and as	gree that I do not	
	he amount of PAR before the de		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
gned:		Date	ed:		
option 2: Visa/Masto	erCard/American Expre	SS If you wish to use a credi	t card, to		
sure security, please MAIL this for	rm to Ralph Connor at P.O. Box 8901 St OTE: A 2–3% service charge reduces the	tn. Main, Canmore, AB T1W 0J e total of vour donation.	3 or		
	rd number:Expiry:				
				MM YY	
ame on card:					
gned:		Da	nted:		
G 24.					
CANCELLATION: No.	me of Donor:	Donor Do	forance #:		
Signed:	HE OF DOHOF		Donor Reference #: Date Signed:		
			···~·		

FOR USE BY PAR ADMINISTRATOR

Thank you for your generosity.