



# 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 \$ \_\_\_\_\_ Other: \_\_\_\_\_

(Note: Only 1 other category per donor)

Local church: \$ \_\_\_\_\_ Mission & Service: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_ (Total above)

## 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](mailto: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](http://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

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