

PAR CHANGE AUTHORIZATION FORM

(for existing PAR donors who wish to change their monthly donation)

Donor Name (s): _____

Address: _____

City/Postal Code: _____

I/We, _____, hereby request and authorize the United Church of Canada on behalf of:

Fairview United Church
49 Wayne Drive
Brantford, ON N3R 2Y8

to change my current PAR contribution to: \$ _____ per month, to be distributed as:

Local Church \$ _____ Mission and Service Fund: \$ _____

effective: _____ (state the month you would like this change to take effect)

I understand that my account will continue to be debited on approximately the 20th of each month in the above-mentioned amount, as a contribution by me to the church listed.

Authorized Signature: _____ Today's Date: _____

Name of the Church PAR Contact: Sharon Tracey, Phone: 519-752-8549

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 PAD 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 Debit (PAD) and agree that I do not require advance notice of the amount of PADs before the debit is processed.