

PAR Congregational Number	PAR AUTHORIZATION FORM (For new PAR donors and any banking changes)
# _____	Church Name: Fairview United Church

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

Name of local church: **Fairview United Church**

Address: **49 Wayne Drive**

City: **Brantford** Province: **Ontario** Post Code: **N3R 2Y8**

To debit my account on the 20th day of each month the amount of \$ _____ as a contribution by me to the above local church to benefit:

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

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

TO ENSURE ACCURACY, A SAMPLE UNSIGNED CHEQUE MARKED "VOID" MUST ACCOMPANY THIS AGREEMENT

Debit my credit card number	OR	EXP
Name on card	AUTHORIZED SIGNATURE	

*** **

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

This donation is made on behalf of: _____ Individual(s) _____ Business

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.

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).

Authorized Signature: _____ Today's Date: _____