



# PAR AUTHORIZATION FORM

Church Name: \_\_\_\_\_

I hereby request and authorize The United Church of Canada on behalf of:

Name of local church: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

To debit my account on the 20<sup>th</sup> day of each month the amount of \$ \_\_\_\_\_ as a contribution by me to the above local church.

Institution No: \_\_\_\_\_ Transit/Branch No: \_\_\_\_\_ Account No.: \_\_\_\_\_

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

**OR**

Debit my credit card number \_\_\_\_\_ EXP \_\_\_\_\_  
CARD NUMBER MM YY

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contributor's Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_ Email: \_\_\_\_\_  
(Name of the Church PAR Contact) (Email of the Church PAR Contact)

Distribution: Local \$ \_\_\_\_\_ Mission and Service Fund \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

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](http://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](http://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.

[TO BE PLACED ON PAYEE LETTERHEAD]

## CONFIRMATION

To: [Contributor's name] \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Re: Confirmation of Pre-Authorized Debit (PAD) Sign-up		Thank you for signing up for Pre-Authorized Debits from <i>[name of local church]</i> . We have accepted your PAD Agreement and are writing to confirm the following details:	
1. Name of Account Holder:			
2. Financial Institution (Name and transit #):			
3. Account Number:			
4. Amount of Payment:	\$	5. Frequency/Timing of Payment:	20 <sup>th</sup> of each Month
6. Payment Start Date:		7. Type of Pre-Authorized Debit	<input type="checkbox"/> Personal <input type="checkbox"/> Business
<b>8. Statement with regard to pre-notification</b> You have waived your right to receive pre-notification of the amount of the Pre-authorized Debit (PAD) and agreed that you do not require advance notice of the amount of PADs before the debit is processed.			
<b>9. Cancellation</b> Your Payer's PAD Agreement may be cancelled provided notice is received 15 days before the next scheduled PAD. If any of the above details are incorrect, please contact us immediately at _____. If the details are correct, you do not need to do anything further and your Pre-Authorized Debits will be processed and start on the Payment Start Date indicated above.			
<b>10. Standard Recourse Statement</b> You have certain recourse rights if any debit does not comply with these terms. For example, you have the right to receive a reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit <a href="http://www.cdnpay.ca">www.cdnpay.ca</a>			

Thank you,

[Church Name]

[Name of the Church PAR Contact]

**CANCELLATION NOTICE:**

TO: \_\_\_\_\_ Date: \_\_\_\_\_  
(Church name)

I/We, \_\_\_\_\_ cancel my/our authorization to issue (*Personal,*  
(Contributor's name)  
*Business*) pre-authorized debits in the amount of \$ \_\_\_\_\_ against my/our account number  
\_\_\_\_\_ effective on \_\_\_\_\_ I/We acknowledge that this cancellation  
(Account Number) (Date)  
does not terminate any other obligation that I/we may have with the Payee.

Signed: \_\_\_\_\_  
Payor/Valid Signing Authority(ies)

***Where the Payor's account agreement requires the signature of two or more signing authorities, the signatures of all such person are required for the purposes of this Cancellation Notice.***