

Contributor's Name (Please Print)	Envelope #:
I hereby request and authorize The United Church	of Canada* on behalf of:
(name of congregation)	
(address of congregation)	
to debit my account on the 20 th day of each month i 20 th of (enter month/year) as my/our of	
Distribution is to be as follows:	
Our Church: \$ Presbyterians Sharing: \$	Other:\$ (please specify, eg: PWS&D)
Bank/Institution No: Transit/Branch No:	Account No:
Please attach a VOID cheque.	
This donation is made on behalf of: individual	l(s) business (please tick correct category)
Signature:	Date:
 Legal Information I may change the amount of my contribution at any time su I may revoke my authorization at any time, subject to prov cancellation form obtained from my church's PAR Contac www.cdnpay.ca I have certain recourse rights if any debit does not comply reimbursement for any debit that is not authorized or is not obtain more information on my recourse rights, I may cont I waive my right to receive pre-notification of the amount of advance notice of the amount of pre-authorized remittance The use, retention and disclosure of personal information of the 	iding notice of 15 days at which time I will submit a t, by contacting my financial institution or by visiting with this agreement. For example, I have the right to receive consistent with this pre-authorized remittance agreement. To act my financial institution or visit www.cdnpay.ca of the pre-authorized remittance and agree that I do not require
*Please note: The United Church of Canada kindly administers the in Canada.	PAR program for congregations of The Presbyterian Church
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For office use only	
Name of Church PAR Contact:_	 Phone#

PCC PAR Number: _____