

Please complete this Form and either place it in the Service collection plate or direct to the Bookkeeper/Treasurer at the Church Office



PAR AUTHORIZATION FORM

Church Name: St. George's on the Hill Anglican Church

PAR Congregational Number: **5050335**

Please mark: For PAR registration of new donor

For banking change for existing donor

I/We, _____ (envelope # _____), request and authorize
The United Church of Canada to debit my/our account on the 20th of every month in the amount of
\$ _____, starting on the 20th of _____. This contribution is made on behalf of:

St. George's on the Hill Anglican Church, 4600 Dundas Street West, Toronto, ON M9A 1A5

This contribution by me/us to benefit:

St. George's on the Hill \$ _____ FaithWorks \$ _____

This donation/payment is made by (check one): _____ Individual(s) _____ Business

Please attach a VOID cheque below

Signed: _____ Date: _____

- I may change the amount of my contribution at any time subject to providing notice of 15 days.
- 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 PAR 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 Remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.**

Name of Church PAR Contact: Michael Smith Phone No.: 416-346-3307

PLEASE ATTACH A VOID CHEQUE