



PAR AUTHORIZATION FORM

For new donors or changes
to banking information

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 _____ (enter month). This contribution is made on behalf of:

Name of Local Church: Whitby Baptist Church (Congregation # 4051345)

Address: 411 Gilbert St East

City: Whitby Province: ON Postal Code: L1N 1R6

This contribution by me/us to the above local church is to benefit:

Local Church \$ _____ Mission Fund \$ _____ Benevolent \$ _____

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

Please attach a VOID cheque.

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: Cristina Queddeng Phone No.: 905-668-9711

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).