DAD AUTHODIZATION FORM	FOR USE BY PAR ADMINISTRATOR
PAR AUTHORIZATION FORM	PAR congregational number:
	Church PAR administrator:
✓ For registration of new PAR donors	Phone number:
or ☐ For banking changes for existing donors	E-mail:
1 to banking changes for existing donors	
Donor name:	
Address:	
City: Province:	Postal code:
E-mail	Envelope# Gift amount \$
Name of local ministry: St. George's Evangelical Lut	heran Church
Address: 410 College Street, Toronto, ON M5T 1S8	
This gift to the above church is to benefit	
Local church: \$ Mission 8	Service: \$ Other: \$
Option 1: Pre-authorized debit	
Please attach a <u>VOID</u> cheque.	
I/We request/authorize The United Church of Canada starting the 20th of, 20	
③ I/we may change the amount of my contribution at	any time by contacting our church PAR contact.
	ot comply with this agreement. For example, I have the right to receive or is not consistent with this PAR agreement. To obtain more information on ution or visit www.cdnpay.ca.
③ I/we waive my right to receive pre-notification of the require advance notice of the amount of PAR before	e amount of pre-authorized remittance (PAR) and agree that I do not the debit is processed.
Signed:	Dated:
Ontion 2. Vice/MasterCard/American France	
Option 2: Visa/MasterCard/American Express	tal of your donation to your congregation
Please note that a 2–3% service charge reduces the to	
Card number:	Expiry: MM YY

Thank you for your generosity.

Signed: ______ Dated: _____

Name on card:

The use, retention, and disclosure of personal information collected from this form is done in compliance with privacy legislation and adheres to the principles of the *Personal Information Protection and Electronic Documents Act (S.C. 2000, c.5)*.