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PAR AUTHORIZATION FORM

(For new PAR donors and to make changes to banking details)

PAR congregational number: 5100805

Name of church PAR contact: Jeff Coatsworth

Phone number: <u>416-251-8711</u>

Envelope #	Gift amount: \$
Name of local church: Ch	rist Church St. James Anglican Church
This gift to the above local churc	h is to benefit:
Local church: \$	M & S Fund: \$ Other: \$
	by: Individual(s) Business
Signed:	Dated:
Street number/unit:	Street name:
City:	Province:Postal code:
Option 1: Pre-authorize	
•	or Direct Deposit Bank Info.
	The United Church of Canada to debit my/our account on the 20th of ever
-	0th of, 20 I/we also recognize and agree to th
following:	
•	f the contribution at any time by contacting our church PAR contact.
	ts if any debit does not comply with this agreement. For example, I have the right to receive
	hat is not authorized or is not consistent with this PAR agreement. To obtain more information on my
	ny financial institution or visit www.cdnpay.ca.
	pre-notification of the amount of pre-authorized remittance (PAR) and agree that I do not require of PAR before the debit is processed.
	of PAK before the debit is processed.
Option 2: Visa or Maste	rcard
-	
	ge reduces the total of your donation to your congregation.
Card number:	Expiry: CVV
Name on card:	
Signed:	Dated:
Signed.	Dated
	sclosure 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).
Y	
	THIS PART RETAINED BY CCSJ
ope #	
Contribution \$	
bution:	
ral Offering: \$	Building Fund: \$ Refugee Fund: \$
(please specify): \$	