	PAR AUTHORIZATION	
A	PAR AUTHORIZATION	I FORM

□ For registration of new PAR donors□ For banking changes for existing donors

FOR USE BY PAR ADMINISTRATOR

PAR Congregational Number: 2040700 Church PAR Administrator: Ruth MacKenzie

Phone Number: 902-477-5365 E-mail: raem@ns.sympatico.ca

Donor name:				
Address:				
City:	Province:	Postal code:		
E-mail	Envelope#	Gift amount \$		
Name of Church: Fort Massey United Church				
Address: 5303 Tobin Street, Halifax, Nova Scotia B3H 1S3				
This gift to Fort Massey United Church is to benefit				
Local church: \$	Mission & Service: \$	Other: \$		
Pre-authorized Debit				
Please attach a <u>VOID</u> cheque.				
For those of you who do not have a chequing account, your bank branch				
has a form which they can give you with all the pertinent information.				
This will allow you to utilize this function by attaching said form to the PAR application form.				
I/We request/authorize The United Church of Canada to debit my/our account on the 20 th of every month,				
starting the 20 th	of, 20 I/we also re	cognize and agree to the following:		
I/we may change the amount of my contribution at any time by contacting our church PAR contact. I/we 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/we waive my right to receive pre-notification of the amount of pre-authorized remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.				
Signed:	Dated:			

Thank you for your generosity.

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)*.