



PAR AUTHORIZATION FORM

For registration of new PAR donors or to make banking changes for existing donors

PAR Contact: bookkeeper@esguinted.org 416-481-1141 x230

I /We _____ 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 (MM/YY)_____.

This contribution is made on behalf of:

**Eglinton St. George's United Church
35 Lytton Blvd., Toronto, ON M4R 1L2**

This gift to Eglinton St. George's United Church is to benefit:

Local church \$_____ Mission and Service \$_____ Other \$_____

Donor Name: _____

Donor Address: _____

Donor email address: _____

I/we recognize the following:

I/we may change or revoke 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: _____ **Date:** _____

PLEASE ATTACH A VOID CHEQUE

If you wish to use a credit card for PAR donations, this service is available. Please note that a 2–3% service charge for credit card reduces the total of your donation to Eglinton St. George's.

Card number: _____ Expiry: ___/___ MM/YY

Name on card: _____

Signed: _____ Date: _____