



# PAR AUTHORIZATION FORM

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

PAR congregational number: \_\_\_\_\_

Name of group PAR contact: Ken Lacey

Phone number: 613-640-2222

Account # \_\_\_\_\_ Gift amount: \$ \_\_\_\_\_

Name of local group: Brockville & Area Food Bank / Operation Harvest Sharing

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

This gift to the above local group is to support :

Local General Fund: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Preferred addressee on mailings

Name 2: \_\_\_\_\_ (optional)

Name 3: \_\_\_\_\_ (optional)

Street number/unit: \_\_\_\_\_ Street name: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Please attach a VOID cheque.

I/We request/authorize The United Church of Canada to debit my/our account on the 20th of every month, starting the 20th of \_\_\_\_\_ this year of 20\_\_\_\_. I also recognize & agree to the following:

- I may change the amount of my contribution at any time by contacting our group PAR contact.
- 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](http://www.cdnpay.ca).
- I 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

**NOTE:** This donation will appear on your monthly bank statement as: **PAR CHURCH DON.**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_