



St Giles Presbyterian PAR Authorization Form

I/We, _____ (envelope # _____)¹, request and authorize The United Church of Canada to debit my/our account on the 20th day of every month in the amount of \$ _____, starting on the 20th day of _____ 2022.

(1) If you do not know your envelope number this will be added in the Church Office

This contribution is made on behalf of:

Name of Local Church: **St Giles Presbyterian Church**

Address: **181 First Avenue**

City: **Ottawa** Province: **ON** Postal Code: **K1S 2G3**

This contribution by me/us to the above local church is to benefit:

Local Church (*Operations*) \$ _____

Mission and Service Fund (*Presbyterians Sharing*) \$ _____

Other (*Presbyterian World Service and Development*) \$ _____

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

Please attach a VOID cheque.

Signed: _____ Date: _____

- I may change the amount of my contribution at any time subject to providing notice of 15 days.
- I may revoke my authorization at any time, subject to providing notice of 15 days at which time I will submit a cancellation form obtained from the Church PAR Contact or by contacting my financial institution or visiting www.cdnpay.ca.
- 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.
- I waive my right to receive pre notification of the amount of the Pre Authorized Remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.

Name of Church PAR Contact: Rob Brandon Phone No.: 613-237-1689 Email: rob@laurabrandon.ca

Due to high service charges (2.5% for Visa and MasterCard; we do not accept Amex), we generally do not encourage people to use credit cards for PAR donations; however, if donors wish, this service is still available.

Debit My Credit Card Number: _____ EXP _____
CARD NUMBER MM YY

Name on Card: _____ Authorized Signature: _____

- We agree to be bound by, comply with, respect and apply all relevant provisions of the Canadian Payments Act and all related by-laws, rules and standards in force from time to time as they apply to PARs including, without limitation, the Confirmation/Pre-notification requirements or waiver of Pre-notification requirements and cancellation requirements as set out in Rule H1.
- The use, retention and disclosure 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).