

PAR AUTHORIZATION FORM



Please check one:

- For PAR registration of a new donor
 For a change in banking information for an existing donor

Church Name: _____

I/We, _____ (envelope # _____), request and authorize

The Pentecostal Assemblies of Canada to debit my/our bank account every month on the following dates:

- 1st of the month for \$ _____, beginning on _____ (mm/yy)
 15th of the month for \$ _____, beginning on _____ (mm/yy)

This contribution by me/us is to be allocated to:

The General Fund \$ _____ Missions \$ _____ Other \$ _____

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

Please attach a VOID cheque.

Signed _____ Date _____ (dd/mm/yy)

Signed _____ Date _____ (dd/mm/yy)

- I may change the amount of my contribution at any time, subject to providing notice of 15 days.
- I may revoke by authorization at any time, subject to providing notice of 15 days.
- 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.

Church Name: _____ Church Number: _____

PAR Contact: _____ Phone: _____

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 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 PAOC's Privacy Policy (see www.paoc.org).

