



PAR AUTHORIZATION FORM

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

Church Name: Richmond Hill United Church
PAR Congregational Number: 5120500

I/We, _____ (envelope # _____), 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 the 20th of _____ (enter month). This contribution is made on behalf of:

Name of Local Church: Richmond Hill United Church

Address: 10201 Yonge St.

City: Richmond Hill Province: Ontario Postal Code: L4C 3B2

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

Local Church \$ _____ Mission and Service Fund \$ _____ Other \$ _____

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

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.**

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).

Please attach a VOID cheque and mail to
Richmond Hill United Church,
10201 Yonge St., Richmond Hill, On L4C 3B2.