PAR AUTHORIZATION FORM CHRISTFIRST THE UNITED CHURCH OF CANADA PAR congregational number: 6051550 Church PAR administrator: Janis Cowie Phone number: (905) 822-9834 ☐ For registration of new PAR donors E-mail: office@christfirst.ca ☐ For banking changes for existing donors Donor name: Province: Postal code: E-mail _____ Gift amount \$ _____ Name of local church: Christ First, The United Church of Canada Address: 1700 Mazo Crescent, Mississauga, ON L6J 1H3 This gift to the above church is to benefit Local church: \$______ Other: \$______ Other: \$_____ Option 1: Pre-authorized debit 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, 20 . I/we also recognize and agree to the following: I/we may change 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: ____ Dated: Option 2: Visa/MasterCard/American Express Please note that a 2–3% service charge reduces the total of your donation to your congregation.

FOR USE BY PAR ADMINISTRATOR

Thank you for your generosity.

N/A Dated: N/A

N/A

N/A

Card number:

Name on card: _____

Signed:

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