



# PAR AUTHORIZATION FORM

*This form must be completed by new PAR donors and by current donors wanting to change such banking details as moving to a different financial institution or changing an account number.*

Ministry Name: **Affirm United/S'affirmer Ensemble**

Ministry PAR Number: **5055559**

I/We, \_\_\_\_\_, request and authorize The United Church of Canada to debit my/our account on the 20th of every month in the amount of \$ \_\_\_\_\_, starting the 20th day of \_\_\_\_\_.

I enclose a void cheque showing my banking details.

This contribution is made on behalf of **Affirm United/S'affirmer Ensemble, P.O. Box 57057, Ottawa ON K1R 1A1** to benefit Affirm United/S'affirmer Ensemble.

Donor's street address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

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

For income tax purposes, please issue my receipt in the name(s) of \_\_\_\_\_, and mail the receipt to the address above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Having read the boxed waiver on page two of this form, I have signed and dated the application above.

I attach a voided cheque on my bank account and will mail this form to

Judith Amsbury, Treasurer  
Affirm United/S'affirmer Ensemble  
566 Sherbrooke St.  
Peterborough, ON K9J 2P5

**The PAR contact at Affirm United/S'affirmer Ensemble is**

**Judith Amsbury**

**Phone: 705-741-4271**

**Email: judya@nexicom.net**

- 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 Affirm United/S'affirmer Ensemble PAR contact or by contacting my financial institution or visiting [www.cdnpay.ca](http://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](http://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.**

***Due to high service charges (2.5% for Visa and MasterCard), we generally do not encourage people to use credit cards for PAR donations. However, if you want to do so, please complete the following two lines.***

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).*