

PAR AUTHORIZATION FORM

Please check: O PAR registration of new donor(s)
O Banking change for existing donor(s)

Church Name: Highlands United Church

PAR Congregational Number: 11070180

.l/\/Ve,	(giving envelope#_), request ar	ıd	
authorize the United Churc	h of Canada to debit my/our acc	count on the 20th	of	
every month in the amount	of \$, starting on the 2	0th of		
(month)	(year).			
This contribution is made to		V7R 2P1		
Please	e attach a VOID chec	que.		
Signed:	Date:	Date:		
Highlands United Church P	AR contact: Tatina Lee 604-98	80-6071		
church, or placed in the offe	e included in your pledge enveloring plate, or handed in to the c	office.		
Due to high service charges (2.5%	for Visa and MasterCard), we generallonations. However, if donors wish, th	illy do not encourage	people	
Debit My Credit Card Number:	CARD NUMBER	Expires:		
	Authorized Signature:			
I may change the amount of my contrib	oution at any time subject to providing 15 days	s' notice.		
• I may revoke my authorization at any ti a cancellation form obtained from the c	me, subject to providing 15 days' notice to the	e United Church by submi	tting	
• I have certain recourse rights if any del	oit does not comply with this agreement. For ex at is not authorized or is not consistent with this	xample, I have the right to s PAR agreement. To obtai) (n	

We agree to be bound by, comply with, respect and opply all relevant provisions of the Canadian Poyments 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.

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.

more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.