



# PAR AUTHORIZATION FORM

PAR Congregation #6111425

For registration of new PAR donors, or

banking changes of existing PAR donors

Donor Name: \_\_\_\_\_ Envelope No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**This contribution is made on behalf of:**

Trillium Lutheran Church  
22 Willow St.  
Waterloo, ON N2J 1V5

**This gift is to benefit:**

General Givings: \$ \_\_\_\_\_ Other (please specify): \_\_\_\_\_ \$ \_\_\_\_\_  
*(United Church of Canada "Local") (United Church of Canada "M&S")*

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, subject to providing written notice to the Trillium Lutheran Church office.
- I/we may revoke my authorization at any time, subject to providing written notice to the Trillium Lutheran Church office.
- 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](http://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 required advanced notice of the amount of PAR before the debit is processed.

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trillium PAR Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[treasurer@trilliumwaterloo.ca](mailto:treasurer@trilliumwaterloo.ca)

Office: 519-886-1880

**Please attach a VOID cheque:**