



PAR AUTHORIZATION FORM

FOR USE BY PAR ADMINISTRATOR

PAR Congregational number: 5150375
Church PAR administrator: Kay Cook
Phone Number: 416-656-1256
E-mail: newhopeonbloem@gmail.com

- For registration of new PAR donors or For banking changes for existing donors

Donor name:
Address:
City: Province: Postal code:
E-mail Envelope# Gift amount \$

Name of local church: New Hope Community Church
Address: 48 Bloem Ave. Toronto, ON M6E 1S1

This gift to the above church is to benefit

Local church: \$ Mission & Service: \$ 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.
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.

Card number: Expiry: MM YY

Name on card:

Signed: Dated:

Thank you for your generosity.

The use, retention and disclosure of personal information collected from this form is done in compliance with all applicable federal and provincial privacy legislation, and adheres to the principles of the Personal Information Protection and Electronic Documents Act (S.C. 2000, c.5).

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