St. Barnabas Deep River Anglican Church of Canada PAR Authorization Form

FOR USE BY PAR ADMINISTRATOR
PAR Congregational Number:
Church PAR Administrator:
Phone Number:
E-mail:

	I am a new PAR donor.	I want to make changes	to my existing PAR arrangements.		
Dono	or Name(s):				
Addr	ess:				
City:		Province:	Postal code:		
E-ma	il:				
Envelope #		Monthly Gift Amount \$			
St. Ba	arnabas Anglican Church:	PO Box 426, 80 Glendale Ave. D	Deep River ON KOJ1PO 613-584-4131		
Γhis ;	gift to St. Barnabas is to benef	it: General Parish Ministry: \$	Other (): \$		
Opti	on 1: Pre-authorized Debi	t *** Please atta	ch a VOID cheque. ***		
Chur		n the 20th of every month, starting t	d as a donation to St Barnabas Anglican the 20 th of, 20		
	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.				
Signe	ed:	Dated:			
Opti	on 2: Visa/MasterCard/Aı	merican Express			
Pleas	e note that a 2-3% service cha	rge reduces the total amount of don	ations made by credit card.		
Card	number:				
Name	e on Card:	Telepho	ne Number:		
Signe	ed:	Dated:			

Thank you for your generosity.

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