



PAR AUTHORIZATION FORM

Church Name: TRINITY ANGLICAN

I hereby request and authorize The United Church of Canada on behalf of:

Name of local church: TRINITY ANGLICAN CHURCH BRADFORD

Address: 62 CHURCH ST

City: BRADFORD

Prov: ONT Postal Code: L3Z 2A8

To debit my account on the 20th day of each month the amount of \$ * as a contribution by me to the above local church.

Institution No: _____ Transit/Branch No: _____ Account No.: _____

VOID
Chg
reg'd

TO ENSURE ACCURACY, A SAMPLE UNSIGNED CHEQUE MARKED "VOID" MUST ACCOMPANY THIS AGREEMENT

OR

Debit my credit card number _____ EXP _____ CVC _____
CARD NUMBER MM YY

Name on card: _____

* Signature: _____ Date: *

* Contributor's Name: _____

Contact Information: BONNIE CONNOLLY Email: TRINITY.BRADFORD.PAGE@OUTLOOK.COM
(Name of the Church PAR Contact) (Email of the Church PAR Contact)

Church
PAR:
Admin
fills in

Distribution: Local \$ _____ Mission and Service Fund \$ _____ Other \$ _____

This donation is made on behalf of: Individual(s) Business

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 Church PAR Contact or by contacting my financial institution or visiting 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 PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.
I waive my right to receive pre-notification of the amount of the Pre-authorized Debit (PAD) and agree that I do not require advance notice of the amount of PADs before the debit is processed.

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).