



# PAR AUTHORIZATION FORM

(For **NEW** PAR donors and for a **CHANGE** to banking details)

Church: **VARSIY ACRES PRESBYTERIAN CHURCH**  
PAR Congregational Number: **10010105**

I/We, \_\_\_\_\_, hereby request and authorize

The United Church of Canada on behalf of:

## VARSIY ACRES PRESBYTERIAN CHURCH

4612 Varsity Drive, N.W., CALGARY, AB, T3A 1V7

to debit my/our account on the 20th day of each month starting from \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ as a contribution by me/us to the above local church, to benefit:

- General Purposes: \$ \_\_\_\_\_
- Loan Principal Repayment: \$ \_\_\_\_\_
- Presbyterians Sharing: \$ \_\_\_\_\_
- PWS&D: \$ \_\_\_\_\_
- Other (Please specify \_\_\_\_\_) \$ \_\_\_\_\_

Institution No.: \_\_\_\_\_ Transit/Branch No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **AN UNSIGNED CHEQUE MARKED "VOID" MUST ACCOMPANY THIS AGREEMENT**

This donation is made on behalf of (check one): \_\_\_\_\_ Individual(s) \_\_\_\_\_ Business

Name of Church PAR Contact: **Margaret Wardle, Phone No.: (403) 286-1324, E-mail: [margaw@telus.net](mailto:margaw@telus.net)**

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](http://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](http://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 PAD before the debit is processed.**