



PAR AUTHORIZATION FORM

(For new PAR donors and to make changes to banking details)

Envelope # _____ Gift amount: \$ _____

This gift to to benefit:

General Fund: \$ _____ Building Fund: \$ _____ Other: _____ \$ _____

This donation/payment is made by:

Name: _____ Preferred addressee on mailings

Name 2: _____ (optional)

Name 3: _____ (optional)

Street number/unit: _____ Street name: _____

City: _____ Province: _____ Postal code: _____

E-mail: _____

Pre-authorized debit

Please attach a VOID cheque.

I/We request/authorize The Parish of St. John's Anglican Church at 23 Church St, Truro, NS, B2N 3Z5 to debit my/our account monthly in the amount of \$ _____ as a contribution by me/us to St. John's on the _____ of every month, starting the _____ of _____, 20 _____.

Contributor's Name: _____

Name of Financial Institution: _____

Address: _____

Transit#: _____ Account#: _____

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. 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.
- 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.