



# 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\_\_\_\_.

- Please increase my offerings annually based on the CPI (Consumer Price Index). Maximum 5% per year.
- Please do not increase my offerings annually

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.