Contributor's Name (Please Print)		Envelope #:
Address:		
City:	Province:	Postal code:
Distribution is to be as follows:		
Our Church: \$ Presbyteria	ns Sharing: \$ Other: \$	(please specify, e.g. PWS&D)
Option 1: Pre-Authorized of Please attach a VOID cheque.	<u>debit</u>	
I/We hereby request and authorize	The United Church of Canada	* on behalf of:
(congregation name)		
(congregation address)		
to debit my/our account on the 20 th (enter month/year)		ant of \$, starting on the 20 th of allocated as noted above.
reimbursement for any debit that is not a recourse rights, I may contact my finance. I/we waive my/our right to receive pre-require advance notice of the amount of the use, retention and disclosure of personal results.	authorized or is not consistent with this Parial institution or visit www.cdnpay.ca . notification of the amount of pre-authorized PAR before the debit is processed. sonal information collected from this form	at. For example, I/we have the right to receive AR agreement. TO obtain more information on my ed remittance (PAR) and agree that I/we do not is done in compliance with all applicable federal afformation Protection and electronic Documents Ac
Signature:	Date	:
Option 2: Visa/MasterCard		
Please note that a 2-3% service change	ge reduces the total of your donati	on to your congregation.
Card number:	Expiry: (MM/YR)	/ CVV2: (3-digit code)
Name on card:		
Signature:		Date:
in Canada.		for congregations of The Presbyterian Church
For office use only		
Name of Church PAR Contact:		Phone:
PCC PAR Number:		