

PAR AUTHORIZATION FORM

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

Trinity United Church
284 Division St.
Cobourg, ON K9A 3R1

PAR Contact: Barb Halligan
Phone: 905-372-7911
Email: info@trinitycobourg.ca

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

Distribution: Local \$_____ Mission & Service \$_____ Capital \$_____

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

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

Contributor's Name: _____

Signature: _____ Date: _____

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 the 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 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.