PCC PAR Number:

Contributor's Name	Envelope #:
I hereby request and authorize The United Church of Canad	a* on behalf of:
Central Presbyterian Church	
(name of congregation)	<u></u>
7 Queen's Square, Cambridge, Ontario (address of congregation)	<u> </u>
to debit my account on the 20 <sup>th</sup> day of each month in the amo 20 <sup>th</sup> of (enter month/year) as my/our contribution	
<u>Distribution is to be as follows:</u>	
Our Church: \$ Presbyterians Sharing: \$ Other	her:\$ (please specify, eg: PWS&D)
Bank/Institution No: Transit/Branch No:	Account No:
Please attach a VOID cheque.	
This donation is made on behalf of: individual(s)	business (please tick correct category)
Signature:	Date:
Legal Information	
<ul> <li>I may change the amount of my contribution at any time subject to provide</li> <li>I may revoke my authorization at any time, subject to providing notice cancellation form obtained from my church's PAR Contact, by contacting www.cdnpay.ca</li> </ul>	of 15 days at which time I will submit a
<ul> <li>I have certain recourse rights if any debit does not comply with this agr reimbursement for any debit that is not authorized or is not consistent v obtain more information on my recourse rights, I may contact my finan</li> <li>I waive my right to receive pre-notification of the amount of the pre-au advance notice of the amount of pre-authorized remittance before the d</li> </ul>	with this pre-authorized remittance agreement. To cial institution or visit <a href="https://www.cdnpay.ca">www.cdnpay.ca</a> thorized remittance and agree that I do not require
The use, retention and disclosure of personal information collected from legislation, including but not limited to, the Personal Information Proteins.	n this form is done in compliance with privacy
*Please note: The United Church of Canada kindly administers the PAR program in Canada.	
For office use only	
Name of Church PAR Contact:	_ Phone#