



St. Augustine has partnered with The United Church of Canada to offer a simple and secure pre-authorized remittance giving option. Use this form to start giving regularly and securely.

- ☐ **For registration of new PAR donors *or***  
☐ **For banking changes for existing donors**

**FOR USE BY PAR ADMINISTRATOR**

Church name: **The Church of St. Augustine of Canterbury**  
PAR congregational number: **5150125**  
Church PAR administrator: **Alison Barnett**  
Phone number: **416-485-2656**  
E-mail: **office@saintaugustine.ca**

**Donor name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Envelope#: \_\_\_\_\_

Local church: **The Church of St. Augustine of Canterbury**

Gift amount: \$ \_\_\_\_\_ This gift to the above church is to benefit

Local church: \$ \_\_\_\_\_ Other (please specify): \$ \_\_\_\_\_

## OPTION 1: PRE-AUTHORIZED DEBIT

*Please attach a VOID cheque.*

I/We request/authorize The United Church of Canada to debit my/our account on the 20<sup>th</sup> of every month, starting the 20<sup>th</sup> of \_\_\_\_\_, 20\_\_\_\_\_. 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 or visit [www.cdnpay.ca](http://www.cdnpay.ca).
- 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.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

## OPTION 2: VISA/MASTERCARD/AMERICAN EXPRESS

*Please note that a 2–3% service charge reduces the total of your donation to your congregation.*

Card number: \_\_\_\_\_ Expiry: \_\_\_\_ \_\_\_\_ (MM YY)

Name on card: \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

## Thank you for your generosity.

The use, retention, and disclosure of personal information collected from this form is done in compliance with privacy legislation and adheres to the principles of the Personal Information Protection and Electronic Documents Act (S.C. 2000, c.5).

**Please return the signed form to The Church of St. Augustine, 1847 Bayview Avenue, Toronto, ON, Canada M4G3E4**