The Anglican Church of St Augustine of Canterbury

PAR AUTHORIZATION FORM

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, 1847 Bayview Avenue, Toronto M4G 3E4**

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 or complete banking information, usually found online with your financial institution.

I/We request/authorize The United Church of Canada to debit my/our account on the 20th of every month, starting the 20th 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.
- 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