



Pre Authorized Debit FORM

Saint Thomas Anglican Church (Huron) Toronto

I/We, _____ (envelope # _____), request and authorize TelPay Business Services to debit my/our account on the 1st or 15th (circle one) of every month in the amount of \$_____, starting on the 1st or 15th (circle one) of _____ (enter month). This contribution is made on behalf of:

Saint Thomas's Anglican Church
383 Huron Street
TORONTO ONTARIO M5S 2G5

This donation/payment is made by (check one): _____ Individual(s) _____ Business

Please attach a VOID cheque or Banking form.

Signed: _____ Date: _____

- I may change the amount of my contribution at any time subject to providing notice of 15 days.
- 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 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 this PAR 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 receive pre-notification of the amount of the Pre-Authorized Remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.

Name of Church contact: Kevin Blgrave Email: envelopesecretary@stthomas.on.ca

The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation, including but not limited to, the Personal Information Protection and Electronic Documents Act (2000, c.5).