PAR AUTHORIZATION FORM

par wherever whenever	Please check one: For PAR registration of a new donor For a change in banking information for an ex Church Name: Calvary Temp	
I/We,		
	ada to debit my/our bank account every month on th	ne following dates:
1st of the month for \$		(mm/yy)
This contribution by me/us is to b	e allocated to:	
The General Fund \$	Missions \$	
This donation/payment is made by	(check one): Individual(s) Busine	SS
Please attach a VOID cheque.		
Signed	Date	(dd/mm/yy)
Signed	Date	(dd/mm/yy)
 I may revoke by authorization I have certain recourse right receive reimbursement for a more information on my receive my right to receive pure advance not require advance not require advance not require. 	f my contribution at any time, subject to providing to at any time, subject to providing notice of 15 days if any debit does not comply with this agreement any debit that is not authorized or is not consistent course rights, I may contact my financial institution or the amount of the Pre-Authorized tice of the amount of PAR before the debit is process.	rs. . For example, I have the right to with this PAR agreement. To obtain or visit www.cdnpay.ca d Remittance (PAR) and agree that

We agree to be bound by comply with, respect and apply all relevant provisions of the Canadian Payments Act and all related by-laws, rules and standards in force from time to time as they apply to PARs, including, without limitation, the Confirmation/Pre-notification requirements and cancellation requirements as set out in Rule H1.

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PAR Contact:

