

Pre-Authorized Remittance (PAR) The Convenient Way To Give

Several congregation members have for many years chosen to support the church by having their offering automatically debited from their bank account each month. Pre-Authorized Remittances (PAR) are a convenient way to give that ensures a consistent monthly income for meeting our church financial obligations.

Congregation members who chose to participate using PAR will be asked to complete an Automated Fund Transfer Form (Schedule 1) and provide a blank voided personal cheque from their bank. Within one month the offering will be conveniently debited from account. These transactions will continue until the congregation member wishes to make a change. There is the flexibility to increase contributions, suspend, terminate or make account information changes at any time by contacting the Financial Secretary.

Information regarding PAR and the application process is available from the Financial Secretary or Treasurer.

Schedule 1

PRE-AUTHORIZED REMITTANCE AGREEMENT

CUSTOMER INFORMATION

Please Print Name

Address: _____
Street

City, Province, Postal Code

Telephone

PRE-AUTHORIZED REMITTANCE (PAR)

I here by authorize _____ the debiting of my account in the amount of \$ _____ by method of Electronic Funds Transfer on the _____ day of each month beginning _____

These services are for (check one)

_____ Personal use

_____ Business use

I, the payor, may revoke this authorization at any time, subject to providing _____ days (not to exceed 30 days) notice.

BANKING INFORMATION

Bank Route # _____ Bank Transit # _____ Account # _____
(All numbers must be provided)

Name of Bank: _____

Bank Address: _____
Street

City, Province

Postal Code

* If the debit is from a chequing account, please attach a VOID cheque*

I have certain recourse rights if any debits does not comply with this agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, contact your financial institution or visit www.cdnpay.ca.

Account holder signature

Date of signature

PAYEE CONTACT INFORMATION

Name

Address, City, AB, Postal Code

Telephone