

## PAR AUTHORIZATION FORM

PAR AUTHORIZATION FORIVI		l number: 10070	0180 oozendaal
		-	5652
<ul> <li>□ For registration of new PAR donors</li> <li>□ For banking changes for existing donors</li> <li>□ Cancellation</li> </ul>			per@ralphconnor.ca
			Serie Tarphoomionou
Donor name:			
Address:			
City:Province:		Postal code:	
E-mail:		Phone Number:	
Name of local church: Ralph Connor Memorial U	Inited Church		
Address: PO Box 8901, Stn Ma	in, Canmore, AB	T1W 0J3	
This gift to the above church is to benefit: Total gift amount \$	>	(Note: Only 1 other category per donor)	
_ocal church: \$Mission & Service: \$_		•	
ption 1: Pre-authorized debit		Other. 5	(Total above)
Please attach a <u>VOID</u> cheque.			
/We request/authorize The United Church of Canada to debit n starting the 20th of, 20 I/w			
I/we may change the amount of my contribution at any time			
I/we have certain recourse rights if any debit does not comply reimbursement for any debit that is not authorized or is not on my recourse rights, I may contact my financial institution or vi	onsistent with this PA	-	_
<ul> <li>I/we waive my right to receive pre-notification of the amount require advance notice of the amount of PAR before the debit</li> </ul>	•	nittance (PAR) and aફ	gree that I do not
Signed:	Dated:		
Option 2: Visa/MasterCard/American Expres	S		
Please note that a 2–3% service charge reduces the total of you	r donation to your cor	ngregation.	
Card number:			
Name on card:			MM YY
Signed:		Dated:	
CANCELLATION: Name of Donor:	Donor F	Reference #:	
Signed:			

FOR USE BY PAR ADMINISTRATOR

## Thank you for your generosity.