



PAR AUTHORIZATION FORM

(For new PAR donors and to make changes to banking details)

Church Name: EAGLE RIDGE UNITED CHURCH
PAR Congregational Number: 11100510



Eagle Ridge United Church PAR Contact: Irene Jakse 604-464-4179 igjakse@yahoo.ca

I/We, _____ (envelope # _____), request and authorize The United Church of Canada to debit my/our account on the 20th of every month in the amount of \$ _____, starting on the 20th of _____, 20____. This contribution is made on behalf of:

Eagle Ridge United Church
2813 Glen Drive, Coquitlam, BC V3B 2P6

This contribution by me/us to the above local church is to benefit:

| | |
|---|----------|
| LOCAL CHURCH In support of our Ministries, Worship and Office space, Weekly services, Christian Education for all ages, Pastoral Care and Healing, Outreach into the community and many other activities: | \$ _____ |
| MISSION AND SERVICE FUND In support of The United Church of Canada's ongoing Ministry & Mission in Canada & abroad: | \$ _____ |
| OTHER: Youth Fund \$ _____ Benevolent Fund \$ _____ | \$ _____ |

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

Please attach a VOID cheque.

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, subject to providing notice of 15 days.
- I/we 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 PAR Contact or by contacting my financial institution or visiting www.cdnpay.ca.
- 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 the Pre-Authorized Remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.

Signed: _____ Date: _____

Credit Cards

You may also donate using your Visa or MasterCard (we do not accept Amex). Please note that the Credit Card companies take 2.5% of the donation as their service charge. This is in addition to the \$.50 PAR charge.

Debit my Credit Card Number: _____ EXP: _____
CARD NUMBER MM YY

Name on Card: _____

Authorized Signature: _____ Date: _____