PRE-AUTHORIZED REMITTANCE Application Form

Pre-authorized Remittance (PAR) is a convenient way to give to the church and it also ensures that there is a consistent revenue flow to help pay church expenses on a monthly basis. If you have automatic debits from your bank account to pay for insurance, taxes, fuel or your mortgage, then you understand the principle of PAR. It means regular contributions throughout the year. Your account will be debited on or about the 20th of each month and your congregation's account credited with the amount payable from all members who participate.

This program for St. Ansgar Lutheran Church is administered by the United Church of Canada.

(For new PAR donors	s and to make changes to	banking details	s)		
I/We,	(envelo	pe #), request a	nd authorize	
The United Church of Canada to debit my/our acc	ount on the 20th of eve	ry month in the	e amount of \$,	
starting on the 20th of	(enter mo	nth). This contr	ibution is made	on behalf of:	
1	utheran Church (# 1498 Avenue Road pronto, ON M5N 2J1	5070025)			
This contribution by me/us to the above local chu	rch is to benefit:				
St. Ansgar Lutheran \$	Time for	Time for Renew \$			
Other Outreach programs such as CLWR \$	The Olive	The Olive Branch \$			
Please	attach a VOID ched	que.			
Signed:	Date:				
 I may change the amount of my contribution at any I may revoke my authorization at any time, subject request in writing or by email. I have certain recourse rights if any debit does not reimbursement for any debit that is not authorized my recourse rights, I may contact my financial instit I waive my right to receive pre-notification of I do not require advance notice of the amount 	to providing notice of 15 c comply with this agreemen or is not consistent with t tution or visit www.cdnpay the amount of the Pre-	days at which tim nt. For example, his PAR agreeme y.ca. Authorized Re	ne I will submit a control of the I will submit a control of the I will submit and the I will submit a control of the	ancellation receive e information or	
Name of Church PAR Contact:	Venia Caramico	Phone No.: 4	116-783-3570		
Due to high service charges (2.5% for Visa and N use credit cards for PAR donations		•			
Debit My Credit Card Number:	CARD NUMBER		EXP		
Name on Card:	Authorized Signature	_ Authorized Signature:			
We agree to be bound by, comply with, respect and apply and standards in force from time to time as they apply to F waiver of Pre-notification requiren	PARs including, without limita nents and cancellation requi	ation, the Confirma rements as set ou	ation/Pre-notification et in Rule H1.	n requirements or	

including but not limited to, the Personal Information Protection and Electronic Documents Act (2000, c.5).