



PAR AUTHORIZATION FORM

Please mark: For PAR registration of new donors
For banking change of existing donors

Church Name: ABUNDANT LIFE LUTHERAN
PAR Congregational Number: 8070305

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 _____ (enter month). This
contribution is made on behalf of:

Name of Local Church: ABUNDANT LIFE LUTHERAN

Address: 3486 RALEIGH ST

City: EAST ST. PAUL Province: MB Postal Code: R2E 1B9

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

Local Church \$ _____ Mission and Service Fund \$ _____ Other _____

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

Please attach a VOID cheque.

Signed: _____ Date: _____

- I may change the amount of my contribution at any time subject to providing notice of 15 days.
- I 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 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 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.**

Name of Church PAR Contact: LORI TEMPLETON Phone No.: (204) 255-5433

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