



# 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](http://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](http://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: Kim Scherger Phone No.: (204) 979-1749  
financial@abundantlifelutheran.ca

