**PAR AUTHORIZATION FORM**

Please mark:

For registration of new PAR donors

For banking change for existing donors

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 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 donation is made on behalf of:

**The Sisterhood of St. John the Divine**

233 Cummer Ave., Toronto, ON M2M 2E8

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

***Please attach a VOID cheque.***

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I/we may change the amount of my contribution at any time subject to providing notice of 15 days by contacting the fundraising office of The Sisterhood of Saint John the Divine.
* 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 fundraising office of The Sisterhood of St. John the Divine.
* 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.**

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SSJD PAR Contact: Fundraising Office Phone: 416-226-2201 ext 303

***Due to high service charges (2.5% for Visa and MasterCard; we do not accept Amex), we generally do not encourage people to use credit cards for PAR donations. However, if donors wish, this service is still available***

Charge my Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EXP \_\_\_\_\_\_ \_\_\_\_\_\_\_

Card Number MM YY

CVV Number: \_\_\_\_\_\_\_\_\_(on reverse of card) Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your generosity.**

*We agree to be bound by, comply with, respect and apply all relevant provisions of the Canadian Payments Act and all related by-laws, rules and standards in force from time to time as they apply to PARs including, without limitation, the Confirmation/Pre-notification requirements or waiver of Pre-notification requirements and cancellation requirements as set out in Rule H1.*

*The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation, including but not limited to, the Personal Information Protection and Electronic Documents Act (2000, c.5).*