

Phone No.: 514-695-3337

PAR AUTHORIZATION FORM

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

Church Name: **CEDAR PARK UNITED CHURCH** PAR Congregational Number: **3092540**

I,(envelope #)	, request and authorize The United Churc	h of Canada to debit our
account on the 20th of every r	month in the amount of \$, starting	g on the 17th of (enter
month and year). This contrib	oution is made on behalf of:	
Name of Local Church: C	edar Park United Church	
Address: 204 Lak	eview Ave.	
City: Pointe Claire	Province: Quebec	Postal Code: H9S 4C5
This contribution by us to the	above local church is to benefit:	
Local Church \$	Mission and Service Fund \$	
This donation/payment is mad	le by (check one): Individual(s)	Business
	Please attach a VOID cheque.	
Signed:	Date:	
I may change the amount of m	ny contribution at any time subject to providing no	tice of 15 days.
	at any time, subject to providing notice of 15 day the Church PAR Contact or by contacting my finar	
receive reimbursement for any d	if any debit does not comply with this agreement. Iebit that is not authorized or is not consistent witl e rights, I may contact my financial institution or v	h this PAR agreement. To obtain
• I waive my right to rece	ive pre-notification of the amount of th	e Pre-Authorized
Remittance (PAR) and agr the debit is processed.	ee that I do not require advance notice	of the amount of PAR before

Email: cedarparkunited@videotron.ca

Name of Church PAR Contact: Elizabeth Chown Lafreniere-Church Administrator