

PAR AUTHORIZATION FORM
I hereby request and authorize
ST. ANDREW'S ANGLICAN CHURCH

2700 Portage Avenue
Winnipeg, MB R3J 0R1

To cause a debit to be drawn on my account on the 20th of each month
commencing January, 2021 in the amount of

\$ _____ as monthly Offering by me to St. Andrew's Anglican Church

Institution No: _____ Transit/Branch No: _____ Account No: _____

TO ENSURE ACCURACY A SAMPLE CHEQUE MARKED "VOID", MUST ACCOMPANY THIS CARD

(Signature)

(Date)

Contributor's Name: _____

Contact Information: _____
(name of the Church PAR Contact)

Email: _____
(email of Church PAR Contact)

This donation is made on behalf of _____ Individual _____ Business

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 of 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 PAD agreement.

I waive the right to receive pre-notification of the amount of the Pre-authorized Debit (PAD) and agree that I do not require advance notice of the amount of PADs before the debit is processed.

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)