

Regina Anti-Poverty Ministry



PAR AUTHORIZATION FORM

FOR USE BY PAR ADMINISTRATOR

- For registration of new PAR donors
or
 For banking changes for existing donors

PAR congregational number: 9180009
RAPM PAR administrator: Donna Nelson
Phone number: (306) 924-2254
E-mail: RAPMFinances@gmail.com

Donor name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

E-mail _____ Gift amount \$ _____

Mail form to: Regina Anti-Poverty Ministry, 2330 Victoria Avenue, Regina, SK S4P 0S6

Option 1: Pre-authorized debit

Please attach a VOID cheque.

I/We request/authorize The United Church of Canada to debit my/our account on the 20th of every month, starting the 20th of _____, 20_____. I/we also recognize and agree to the following:

- I/we may change the amount of my contribution at any time by contacting Donna Nelson.
- 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 pre-authorized remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.

Signed: _____ Dated: _____

Option 2: Visa/MasterCard/American Express

Please note that a 2–3% service charge reduces the total of your donation to RAPM.

Card number: _____ Expiry: _____

MM YY

Name on card: _____

Signed: _____ Dated: _____

Thank you for your generosity.

The use, retention and disclosure of personal information collected from this form is done in compliance with all applicable federal and provincial privacy legislation, and adheres to the principles of the *Personal Information Protection and Electronic Documents Act (S.C. 2000, c.5)*.

The United Church of Canada Attn: PAR • 3250 Bloor St. West, Suite 300, Toronto, ON M8X 2Y4
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