

SACRED HEART PARISH

P.O. BOX 273 • TEESWATER, ONTARIO • N0G 2S0
519-367-5341 • immaculateconceptionformosa@hamiltondiocese.com

Pre-authorized Remittance (PAR) AUTHORIZATION FORM

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

I/We, _____ (If applicable, 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 Church: Sacred Heart Church (6091055)

Address: P.O. Box 273, 19 Gordon St W

City: Teeswater Province: Ontario Postal Code: N0G 2S0

This contribution by me/us to the above local church is to benefit Sacred Heart Parish.

This donation/payment is made by (check one): _____ Individual(s) _____ Business.

Please attach a VOID cheque or bank form.

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 Office or 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 PAR agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit 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: Sharon Martin

Phone No: 519-367-5341