



## PAR Authorization

Par Congregation Number: 6111765  
Church Par Administrator: Richard Brubacher  
Phone number: 519-746-6552  
Email: [Brubacher.rp@gmail.com](mailto:Brubacher.rp@gmail.com)

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Envelope # \_\_\_\_\_ Monthly Contribution: \$ \_\_\_\_\_

Name of Church: **Mount Zion Lutheran Church**, 29 Westmount Road, South, Waterloo, On N2L 2K4

This monthly contribution to the church should allocated as follows:

Ministry & Mission (operating act.): \$ \_\_\_\_\_ Benevolence (Synod) \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Please specify: \_\_\_\_\_ Example: Capital fund, CLWR, etc.

### Option 1: Pre-authorized Debit

Please attach a void cheque.

I/We authorize the United Church of Canada to debit my/our account on the 20<sup>th</sup> of every month, starting the 20<sup>th</sup> of \_\_\_\_\_ this year of 2020. I/we also recognize and agree to the following:

- I/we may change the amount of my contribution at any time by contacting our church PAR contact.
- 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](http://www.cdnpay.ca).
- I/we waive my right to receive pre-notification of the amount of preauthorized remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Option 2: Visa or Mastercard

Please note that a 2 – 3% service charge reduces the total of your donation to your congregation. (not preferred)

Card number: \_\_\_\_\_ Expiry: \_\_\_\_\_ / \_\_\_\_\_  
MM YY

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your generosity.**