

Name of Church PAR Contact: Myra Cole

PAR AUTHORIZATION FORM

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

Church Name: **Our Saviors Lutheran Church of Regina** PAR Congregational Number: 9180905

I/We,	, envelope #	, hereby request and authorize The United Church
of Canada on behalf of		
Our Saviors Luther	an Church of Regina	
190 Massey RD, Reg	gina, SK S4S 4N5	
· · · · · · · · · · · · · · · · · · ·		ne amount of \$ starting immediately, or by me to the above local church, to benefit:
The Church \$	CLWR \$	Other (Specify) \$
	ade on behalf of (check o	email). Individual(s)
		ne subject to providing notice of 15 days.
 I may revoke my authori obtained from the Church I have certain recourse reimbursement for any con my recourse rights, I I waive my right to a 	zation at any time, subject to p th PAR Contact or by contacting ights if any debit does not com debit that is not authorized or it may contact my financial institu receive pre-notification of	providing notice of 15 days at which time I will submit a cancellation form g my financial institution or visiting www.cdnpay.ca . The ply with this agreement. For example, I have the right to receive s not consistent with this PAR Agreement. To obtain more information
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We agree to be bound by, comply with, respect and apply all relevant provisions of the Canadian Payments Act and all related by-laws, rules and standards in force from time to time as they apply

Phone No.: 306-586-0006

to PAR's including, without limitation, the Confirmation/Pre-notification requirements or waiver of Pre-notification requirements and cancellation requirements as set out in Rule H1