

PAR AUTHORIZATION FORM



Please check one:

- PAR registration of new donor(s)
- Banking change for existing donor(s)

Church Name: Winnipeg Inner City Missions
 PAR Congregational Number: A091455

I/We, _____ request and authorize The United Church of Canada to debit my/our account on the 20th day of every month in the amount of \$ _____ starting on the 20th of _____ (month) 20 ____.

Name: _____

Address: _____

City _____ Province _____ Postal Code _____

Please attach a void cheque

Signed: _____ Date _____

Name of church PAR contact: Executive Director WICM
 Phone number of church PAR contact: 1-204-942-8682 ext. 222

***Send completed form to WICM ~ 415 Logan Ave, Winnipeg, MB R3A 0A4
 Or fax signed copy to 1-204-957-5001***

Due to high service charges (2.5 % for Visa and MasterCard), we generally do not encourage people to use credit cards for PAR donations. However, if donors wish, this service is available.

Debit my credit card:

_____ Expires: _____
 card number day/mm/yy

Name on Card: _____ Authorized Signature: _____

I may change the amount of my contribution at any time subject to providing 15 days' notice.

I may revoke my authorization at any time, subject to providing written notice to WICM 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-Authorization Remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.