

Automatic Monthly Giving \$ to Hope CCC

PAR (Pre Authorized Remittance) Authorization Form – New Donors & Changes for Existing Donors



Hope Community Christian Church
uses the PAR system for monthly
donation remittance. PAR is
administrated under contract for Hope
by the United Church of Canada.

PAR Congregation # 5040665
PAR Contact at Hope: Paul Corriveau
Phone # 705-812-2833

Monthly Contribution Amount to Hope CCC: \$ _____

Name of local Church: **Hope Community Christian Church**

Monthly Giving is for the **General Fund**

- This supports the day to day operations and teaching of the church, including: staff, family, youth & children's programs, missions, and benevolence for local outreach ministries. Funds are also set aside for church building projects and the support of other local ministries.

Donor Information & Mailing Address:

Your Name or Business Name: _____

Street # _____ Street: _____ P.O. Box # _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone #: _____

Option 1: Pre-authorized Debit *** Please attach a VOID cheque ***

I/We authorize the United Church of Canada (on behalf of Hope Community Christian Church) to **debit my/our bank 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 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
- 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.

Option 2: Visa or MasterCard *** Charged on the 20th of each month ***

Card Number: _____ Expiry: _____/_____

Name on Card: _____

The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation, including but not limited to, the Personal Information Protection and Electronic Documents Act (2000, c.5)

Signed: _____ **Dated:** _____

Place Completed Form (with Void Cheque if using Option 1) in one of the collection boxes.