

PAR AUTHORIZATION	FORM Envelope# (if known)		
 For registration of new PAR dom For banking changes for existing For changes to the donation arr 	g donor(s)		
Donor Name:			
Address:			
City: Province	: Postal Code:		
Email:	Gift Amount: \$		
Name of local church: First Baptist Church, Guelph, 255 Woolwich St., Guelph, ON N1H 3V8			
This gift to the above church is to benefit:			
General Fund: \$B	enevolent Fund: \$		
Youth Subsidy Fund: \$	Missions: \$		

PRE-AUTHORIZATION DEBIT:

Please attach a void cheque. If you do not have cheques, most banks have an online option to print a void cheque in your account details.

I/We request/authorize The United Church of Canada to debit my/our 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 the contribution at any time by contacting the FBCG Envelop Secretary.
- 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 the 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.

Signed: _____ Dated: _____

DONATION AMOUNT CHANGE:

I/we would like to make the following changes to our donation amount:		
Name:		
The current PAR contribution is: \$		
I/we would like to change the PAR contribution to \$		_starting in
the month of,	, 20	
This gift is to benefit:		
General Fund: \$	_ Benevolent Fund: \$	
Youth Subsidy Fund: \$	Missions: \$	
Signature:	Date:	

Thank you for your generosity. The use, retention, and disclosure of the personal information collected here falls under PIPEDA. First Baptist Church strives to maintain the highest level of confidentiality.