

Pre-Authorized Remittance

Our Congregation's PAR Program

If you have automatic withdrawals from your bank account to pay your bills, taxes, or mortgage, then you already understand the PAR principle.

Besides being convenient, using PAR for your offerings ensures regular monthly givings to help our church's ministry even when you are away. You will be providing our congregation a dependable flow of contributions, which increases our overall financial stability. Why not participate in PAR?

Your regular giving supports the local ministry of our congregation.

How to Participate

1. Prayerfully decide what you will give each year, and divide that amount by 12.
2. Fill out the authorization form, and attach a cheque marked "VOID".
3. Enclose both in an envelope and place on the offering plate, give to our designated PAR contact person, or leave it at the church office.
4. The amount will be transferred from your account to our congregation's account on the 20th of each month. You can modify or cancel your donation, change how it is designated, or change your information at any time.
5. Making an offering is an important part of our worship time together.

This program is administered by The United Church of Canada on behalf of Fair Havens Community Church:

PAR contact person: Marilyn Jansen, Church Administrator

Church Office: 705 426-7251 Email: fhcc@fairhavenscommunitychurch.ca

Fair Havens Community Church
A Community of Grace
B2355 HWY 48E, Beaverton, ON L0K 1A0
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PAR AUTHORIZATION FORM

FOR USE BY PAR ADMINISTRATOR

PAR congregational number: _____

Church PAR administrator: _____

Phone number: _____

E-mail: _____

- ☐ For registration of new PAR donors
or
☐ For banking changes for existing donors

Donor name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

E-mail _____ Envelope# _____ Gift amount \$ _____

Name of local church: _____

Address: _____

This gift to the above church is to benefit

Local church: \$ _____ Mission & Service: \$ _____ Other: \$ _____

Option 1: Pre-authorized debit

Please attach a **VOID** cheque.

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 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.

Signed: _____ Dated: _____

Option 2: Visa/MasterCard/American Express

Please note that a 2-3% service charge reduces the total of your donation to your congregation.

Card number: _____ Expiry: _____
MM YY

Name on card: _____

Signed: _____ Dated: _____

Thank you for your generosity.

The use, retention and disclosure of personal information collected from this form is done in compliance with all applicable federal and provincial privacy legislation, and adheres to the principles of the *Personal Information Protection and Electronic Documents Act* (S.C. 2000, c.5).

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