



# PAR AUTHORIZATION FORM

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



Thank you for supporting the Sandy-Saulteaux Spiritual Centre through Pre-Authorized Remittance. Your automatic monthly donation contributes to Indigenous ministry training and cross-cultural education. Your tax receipt will be issued annually.

**Please complete this form and submit it to:**

The United Church of Canada Attn: PAR • 3250 Bloor St. West, Suite 300, Toronto, ON M8X 2Y4  
• 1-800-268-3781, ext. 3152/3050 • fax: 416-231-3103 • par@united-church.ca •

Ministry: Sandy-Saulteaux Spiritual Centre

Ministry PAR contact: 204-268-3913, sansau@mymts.net

Monthly gift amount: \$ \_\_\_\_\_ This donation/payment is made by:  Individual(s)  Business

This is an unrestricted gift to the Sandy-Saulteaux Spiritual Centre.

I/we wish to designate all or a portion of this gift to the following funds:

For the Building: \$ \_\_\_\_\_

For Global Awareness: \$ \_\_\_\_\_

For General Student Bursary: \$ \_\_\_\_\_

For Dorothy McKay Memorial: \$ \_\_\_\_\_

For Egerton Bales Young: \$ \_\_\_\_\_

For I.C.L.E.F. (Saskatchewan Students): \$ \_\_\_\_\_

Name(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_ E-mail: \_\_\_\_\_

**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 \_\_\_\_ as a contribution to the Sandy-Saulteaux Spiritual Centre.

**Option 2: Visa or Mastercard** Please note that a 2–3% service charge reduces the total of your donation.

I/We request/authorize The United Church of Canada to charge my/our credit card on the 20th of every month, starting the 20th of \_\_\_\_\_, 20 \_\_\_\_ as a contribution to the Sandy-Saulteaux Spiritual Centre.

Card number: \_\_\_\_\_ Expiry: \_\_\_\_\_ (MM/YY)

Name on card: \_\_\_\_\_

I/we also recognize and agree to the following:

- I/we may change the amount of my contribution at any time by contacting the ministry 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](http://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: \_\_\_\_\_