



## PAR AUTHORIZATION FORM

## FOR USE BY PAR ADMINISTRATOR

PAR congregational number: 3041225

Church PAR administrator: Adrian Camfield

Phone number: 613-238-2646

E-mail: treasurer@churchoftheascension.ca

or F	or	banking	changes	for	existing	donor

☐ For registration of new PAR donors

Donor name:					
Address:					
City:	Province:	Postal code:			
E-mail		Envelope#	Gift amount \$		
Name of local church: Ch	me of local church: Church of the Ascension Address: 253 Echo Drive, Ottawa, ON K1S 1N3				
This gift to the above chu	rch is to benefit				
Local church: \$Mission &		Service: \$	Other: \$		
Option 1: Pre-autho Please attach a VOID che	que.		our account on the 20th of every month,		
			I/we also recognize and agree to the		
I/we may change the am	ount of my contributior	n at any time by contac	ting our church PAR contact.		
receive reimbursement for more information on my	or any debit that is not a recourse rights, I may c ceive pre-notification o	authorized or is not colontact my financial ins f the amount of pre-au	s agreement. For example, I have the right to nsistent with this PAR agreement. To obtain titution or visit www.cdnpay.ca. hthorized remittance (PAR) and agree that I do		
		·	Dated:		
Option 2: Visa/Mast Please note that a 2-3% so Card number: Name on card:	ervice charge reduce	s the total of your do	onation to your congregation.  M YY		
Signed:			Dated:		

## Thank you for your generosity.

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