Contributor's Name (Please Print)	Envelope #:
I hereby request and authorize The	United Church of Canada* on behalf of:
St. Andrew's Church, Ottawa (name of congregation)	82 Kent St., Ottawa, ON, K1P 5N9 (address of congregation)
	of each month in the amount of \$, starting on the as my/our contribution to be allocated as noted below to
Distribution is to be as follows:	
St. Andrew's: \$ Presbyterian	ns Sharing: \$ PWS&D:\$
Signature:	Date:
 I may revoke my authorization at any ticancellation form obtained from my chrwww.cdnpay.ca I have certain recourse rights if any debreimbursement for any debit that is not obtain more information on my recours I waive my right to receive pre-notifical advance notice of the amount of pre-au The use, retention and disclosure of per 	bution at any time subject to providing notice of 15 days. ime, subject to providing notice of 15 days at which time I will submit a urch's PAR Contact, by contacting my financial institution or by visiting bit does not comply with this agreement. For example, I have the right to receive authorized or is not consistent with this pre-authorized remittance agreement. To be rights, I may contact my financial institution or visit www.cdnpay.ca attion of the amount of the pre-authorized remittance and agree that I do not require thorized remittance before the debit is processed. To resonal information collected from this form is done in compliance with privacy the Personal Information Protection and Electronic Documents Act (2000, c.5)
*Please note: The United Church of Canada kin in Canada.	ndly administers the PAR program for congregations of The Presbyterian Church
For office use only Name of Church PAR Contact:	Phone#
PCC PAR Number:	

Submit completed form by:

- dropping it off in the Church Office
- scanning and e-mailing it to <u>finance@standrewsottawa.ca</u>
- mailing it to St. Andrew's Church Ottawa, 82 Kent Street, Ottawa ON K1P 5N9