



PRE-AUTHORIZED REMITTANCE (PAR) PROGRAM AUTHORIZATION FORM

Donor's name _____ Envelope Number _____

Total Monthly Donation to First Lutheran Church to be in the amount of: \$ _____

To be distributed as follows:

Current Expenses _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
TOTAL _____	\$ _____ (as per above)

I hereby request and authorize First Lutheran Church, 5745 Wales St., Vancouver, B. C. , V5R 3N3, to debit my account, on the 20th of each month, as a donation by me to First Lutheran Church as set out above. I also recognize and agree to the following:

- I may change the amount of my contribution at any time by contacting the Church office.
- I 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 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.

Name of Bank or Trust Company: _____

Transit number: _____ Institution number: _____ Account number: _____

Note: To ensure accuracy, A SAMPLE CHEQUE, MARKED "VOID", MUST ACCOMPANY THIS FORM

Date: _____ Signature: _____
(authorized signatory of the above account)

Note: Automatic Withdrawals will begin on the twentieth of the month following receipt of this form (i.e. forms returned by August 10th will be effective September 20th).

The use, retention, and disclosure of personal information collected from this form is done in compliance with privacy legislation and adheres to the principles of the *Personal Information Protection and Electronic Documents Act (s.c. 2000, c5)*.

Thank-you for your generosity.