

PAR AUTHORIZATION FORM

I hereby request and authorize:

to cause a debit to be drawn on my account each month in the amount of \$ _____
as a contribution by me to (insert name of church/institution).

Contributor's Name: _____

Distribution: Local _____ M&S _____ Other _____

Financial Institution/Credit Card Information _____

**TO ENSURE ACCURACY A SAMPLE CHEQUE, MARKED "VOID", MUST
ACCOMPANY THIS CARD.**

Signature of Contributor

Date

This Authorization may be changed by the donor at any time.

The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation including, but not limited to, the *Personal Information Protection and Electronic Documents Act (2000, c.5)*.