

PAR LOAN AUTHORIZATION FORM

This authorization form is intended for loan payments only.

Church/Organization Name:

Loan Number: _____

I/We,	request and authorize The United Church of Canada to debit	
my/our account on the 20th of every month	h in the amount of \$, starting on the 20th of
(enter month). These deductions will	be a repayment to the above-mentioned loan
number. Our contact information is:		
Name of Church/Organization:		
Address:		
City:	Province:	Postal Code:
Contact Name:		
Phone No.: ()	E-mail:	
Signed:		Date:
Attach Void Cheque		

- I may revoke my authorization at any time, subject to providing notice of 15 days at which time I will submit a cancellation form obtained from the Church PAR Contact or by contacting my financial institution or visiting <u>www.cdnpay.ca</u>.
- 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 <u>www.cdnpay.ca</u>.
- I waive my right to receive pre-notification of the amount of the Pre-Authorized Remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.

We agree to be bound by, comply with, respect and apply all relevant provisions of the Canadian Payments Act and all related by-laws, rules and standards in force from time to time as they apply to PARs including, without limitation, the Confirmation/Pre-notification requirements or waiver of Prenotification requirements and cancellation requirements as set out in Rule H1.

The use, retention and disclosure of personal information collected through this process is done in compliance with all applicable federal and provincial privacy legislation and adheres to the Personal Information Protection and Electronic Documents Act (S.C. 2000, c. 5).