

**Christ Church Anglican
254 Sunset Blvd, Stouffville ON L4A 3R1**

Contributor's Information:

Full name(s) + middle initial(s): _____

Address: _____

Email: _____

Willing to receive statements/tax receipts via email? _____ Yes/No

Type of Pre-Authorized Giving: Business _____ Personal _____

Request for Set up of Pre-Authorized Givings (PAG)

To set up your PAG, please provide the following details with a copy of a void cheque (both can be scanned and sent back via email or printed and put in an envelope on the offering plate addressed to the Envelope Secretary)

I/we hereby request and authorize The United Church of Canada (on behalf of Christ Church) to withdraw from my/our bank account on or about the 20th day of each month the following contribution:

Amount: \$ _____ /month (defaults to General operating expenses, unless told otherwise)

Bank information:

Financial Institution (3 digits): _____ Transit/Branch (5 digits): _____

Account (up to 12 digits): _____

Signature: _____ Date: _____

This authorization may be cancelled at any time upon written notice or email to the envelope secretary. Please notify her 15 days prior to cancellation. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with your PAR agreement. To obtain more information on your recourse rights, contact your financial institution or visit payments.ca. Please note, these forms are processed by the United Church or Canada on behalf of Christ Church and the Diocese of Toronto.

Thank you

Kathryn Goldsmith, christchurchenvelopesecretary@gmail.com, 289-231-3241