	he <b>REDEEMER</b> oronto
--	---------------------------------

## Pre-Authorized Remittance (PAR) Application

For the Church of the Redeemer with administration provided by the United Church of Canada, as recommended by the Anglican Diocese of Toronto

Donor Namo,	Envelope # (if known)
Donor Name:	Envelope # (II known)
Address:	
Email	Phone
This contribution is made to: <b>The Church of</b> t for the purpose(s) of:	the Redeemer, 162 Bloor Street West, Toronto, M5S 1M4
Sustaining Redeemer Ministries \$	The Common Table \$
FaithWorks (Diocese of Toronto outreach ministr	ries \$ Other \$
Total \$	
Option	1: Pre-authorized Debit ase attach a VOID cheque
I/We request and authorize The United Church of	f Canada to debit my/our account on the 20th of every month,
beginning on the 20th of	, 20 I/we also recognize and agree to the following
<ul> <li>office@theredeemer.ca</li> <li>I/we have certain recourse rights if any debit the right to receive reimbursement for any agreement. To obtain more information on</li> </ul>	tion at any time by contacting the Redeemer office — t does not comply with this agreement. For example, I/we have debit that is not authorized or is not consistent with this PAR recourse rights, I/we may contact my financial institution or visi
	on of the amount of pre-authorized remittance (PAR) and agree he amount of PAR before the debit is processed.
<ul> <li>I/we waive my right to receive pre-notification that I/we do not require advance notice of the</li> </ul>	
<ul> <li>I/we waive my right to receive pre-notification that I/we do not require advance notice of the signed:</li> </ul>	he amount of PAR before the debit is processed.
<ul> <li>I/we waive my right to receive pre-notification that I/we do not require advance notice of the signed:</li> <li>Option 2: Visa/</li> </ul>	he amount of PAR before the debit is processed Dated:
<ul> <li>I/we waive my right to receive pre-notification that I/we do not require advance notice of the Signed:</li> <li>Option 2: Visa/</li> <li>Please note that the 2-3% service charged</li> </ul>	Dated: MasterCard/American Express ge reduces the total of your donation to your congregation.
	Dated:
<ul> <li>I/we waive my right to receive pre-notification that I/we do not require advance notice of the Signed:</li> </ul> Option 2: Visa/ Please note that the 2-3% service charge Card Number: Card Number: Card Number:	Dated: Dated: MasterCard/American Express ge reduces the total of your donation to your congregation.

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)