

CHURCH OF ST. AIDAN, TORONTO

Pre-Authorized Giving (PAG) AUTHORIZATION & CHANGE FORM

I/We would like to: ___ change the amount of an existing donation
___ register as new PAG donor(s) **** VOID cheque required**
___ change my banking details **** VOID cheque required**

I/we, _____, request and authorize
St. Aidan's Anglican Church (2423 Queen St E, Toronto ON M4E 1H6) to debit my/our account
on the 20th of every month, in the amount of \$_____,
starting on the 20th of _____, 20_____.

This contribution by me/us to St. Aidan's is to be distributed as follows:

General Work of the Parish \$ _____
Faithworks (optional) \$ _____

Please include a cheque, or a copy of a cheque, marked "VOID", if required for your request.

I/we also recognize and agree to the following:

- I/we may change the amount of my contribution at any time by contacting our church PAR contact.
- I/we 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/we 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.

Signed: _____ Date: _____

St. Aidan's PAG Contact: Bob Hutchison, email: staidan.envelopesec@gmail.com
phone: 647-519-0918

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).