



**PAR AUTHORIZATION FORM**

(For new PAR donors and to make changes to banking details)

Church Name: Church of Saint Mary Magdalene, Toronto

PAR congregational number: 5050275

SMM PAR contact: David Greig ([dgreig@rogers.com](mailto:dgreig@rogers.com))

Church Office: 416-531-7955 or [office@stmarymagdalene.ca](mailto:office@stmarymagdalene.ca)

I/we authorize the church to debit my/our account or charge my/our credit card on the 20th of every month, starting the 20th of \_\_\_\_\_, 20\_\_\_\_\_. I also recognize & agree to the following:

- I may change the amount of my contribution at any time by contacting the church office or the PAR contact.
- 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 [www.cdnpay.ca](http://www.cdnpay.ca).
- I agree that I do not require advance notice of the amount to be debited or charged each month.

Monthly Gift Amount: \$ \_\_\_\_\_

If you wish, you can divide this total between Saint Mary Magdalene's and the Diocese of Toronto's FaithWorks program.

SMM: \$ \_\_\_\_\_ FaithWorks: \$ \_\_\_\_\_

Name: \_\_\_\_\_  Preferred addressee on mailings  
Name 2: \_\_\_\_\_ (optional)   
Name 3: \_\_\_\_\_ (optional)   
Street number/unit: \_\_\_\_\_ Street name: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Option 1: Pre-authorized debit:** Please attach a **VOID** cheque.

**Option 2: Visa or Mastercard:** Please note that a 2.5% service charge reduces the total of your donation to your congregation.

Card number: \_\_\_\_\_ Expiry: \_\_\_\_\_  
MM YY  
Name on card: \_\_\_\_\_  
Signed: \_\_\_\_\_ Dated: \_\_\_\_\_