

[TO BE PLACED ON CHURCH LETTERHEAD]

To **[Payor Name]**: _____ Date: _____

[Payor Address]: _____

Re: Confirmation of Pre-Authorized Remittance (PAR) Sign-up

Thank you for signing up for PAR. Please confirm the following details.

1. Account Name **[Payor Name]**: _____
2. Financial Institution (Name & Transit No.): _____

3. Account Number: _____
4. Amount of Payment: \$ _____
5. Frequency of Payment: Monthly (on the 20th of every month)
6. Payment Start Date: _____
7. Type of Pre-Authorized Remittance: BUSINESS _____ INDIVIDUAL _____
8. **You have waived your right to receive pre-notification of the amount of the Pre-Authorized Remittance (PAR) and agree that you do not require advance notice of the amount of PAR before the debit is processed.**
9. Your PAR agreement may be cancelled at any time, provided notice is received 15 days before the next scheduled PAR (the 20th of the month).
10. If any of the above details are incorrect, please contact us immediately at **[Insert Contact Information]**. If the details are correct, you do not need to do anything further, and your Pre-Authorized Remittance will be put into effect, starting on the Payment Start Date indicated above (line 6).
11. 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 this PAR agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.

Thank you.

[NAME AND SIGNATURE OF PAR CHURCH CONTACT/TREASURER]