

Monthly Giving Cancellation Form The Presbyterian Church in Canada

To:	Date:
I/We(Donor Name/s)	cancel my/our authorization for the debiting
of Pre-Authorized Remittance (PAR) in the ame	ount of \$ against my/our account
	effective on
(Bank No./Transit No./Account No.)	(Date)
I/We acknowledge that this cancellation does no have with the Payee.	ot terminate any other obligation that I/we may
Signed: (Must Be Signed by All Person/s Who	