

**CHRIST THE KING PARISH  
PRE-AUTHORIZED REMITTANCE (PAR) OPTION**

**Welcome to PAR. Thank you for your commitment to support the mission of Jesus Christ.**

**Please choose one:**

- New** PAR set up or;  
 **Change** to existing PAR contribution. (Please allow up to 30 days for changes to PAR).

Your **Giving** (envelope) #: \_\_\_\_\_

I, \_\_\_\_\_ (insert full name), hereby authorize Christ The King Parish to automatically withdraw from my bank account:

The amount of \$ \_\_\_\_\_ (please choose **only one option** below):  
 monthly (12 payments) or;  
 semi-monthly (24 payments) or;  
 bi-weekly (26 payments) or;  
 weekly (52 payments);

**(IMPORTANT)** For an annual contribution of \$ \_\_\_\_\_, starting on the \_\_\_\_\_ day of the month of \_\_\_\_\_, in the year, 20 \_\_\_\_\_. (**Note:** Start date cannot be in the current month.)

**Important: Please attach a VOID cheque.**

**Contact Information (if different from cheque):**

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

**I have read and agree to the following five notes:**

1. This donation is made on behalf of me as an individual donor. All amounts are payable to Christ The King Parish and are drawn on or directed to you by my current financial institution on behalf of Christ The King Parish. Any delivery of this authorization to you constitutes delivery by the undersigned.
2. Your treatment of each debit shall be the same as if the undersigned has personally directed you to pay as indicated and to charge the amount specified above to the account of the undersigned.
3. I acknowledge that a PAR transaction may be disputed by me if the PAR transaction was not drawn in accordance with my authorization and that I have 90 calendar days to make a declaration to my financial institution in order to make a claim for an incorrect transaction.
4. I may revoke my authorization at any time, subject to providing notice within 30 calendar days to Christ The King Parish office. I understand I may also obtain a sample cancellation form or for more information on my right to cancel this pre-authorized remittance agreement, I may contact my financial institution or visit: [www.cdnpay.ca](http://www.cdnpay.ca).
5. I may contact Christ The King Parish, 320 Flying Cloud Dr., Dartmouth, NS B2W 4T6 Phone 902-435-2500, email [chris.ctkdartmouth@gmail.com](mailto:chris.ctkdartmouth@gmail.com)

**Date:** \_\_\_\_\_ **X** \_\_\_\_\_