[TO BE PRINTED ON CHURCH LETTERHEAD]

To: [Payor name] Date:

[Payor address]

**Re: Confirmation of Pre-Authorized Remittan****ce (PAR) Sign-up**

Thank you for signing up for PAR. We are writing to confirm the following details:

1. Account Name: [Payor name]:
2. Financial Institution (Name & Transit #):

1. Account Number:
2. Amount of Payment: $
3. Frequency of Payment: Monthly (on the 20th of every month)
4. Payment Start Date:
5. Type of Pre-Authorized Debit: BUSINESS PERSONAL
6. **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.**
7. 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).
8. 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 Payment will be processed and start on the Payment Start Date indicated above.
9. You have certain recourse rights if any debit does not comply with these terms. For example, you have the right to receive a reimbursement for any PAR that is not authorized or is not consistent with this PAR Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Thank you

**PAR CHURCH CONTACT/TREASURER**