



SINCE 1842

Pre-Authorized Giving (PAG) Authorization

I _____ hereby request and authorize The United Church of Canada* to debit my account on the 20th of every month in the amount of \$ _____ starting on the 20th of _____. This contribution is made on behalf of Little Trinity Anglican Church, 425 King Street East, Toronto, ON M5A 1L3.

The total monthly contribution to Little Trinity Anglican Church of \$ _____ is to be distributed as follows: Offering: \$ _____, Rector's Discretionary Fund: \$ _____, Faithworks: \$ _____, Other \$ _____ (please specify).

Please attach a void check and return the completed form to Little Trinity Church Office.

This donation is made by: [] Individual [] Business (check one)

- I may change the amount of my contribution at any time subject to providing notice of 15 days.
I may revoke my authorization at any time, subject to providing notice of 15 days at which time I will submit a cancellation form...
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
I waive my right to receive pre-notification of the amount of the Pre-Authorized Remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.

Date: _____ Signature: _____

Name(s): _____ Phone: _____

Address: _____ Email: _____

PAG Contact: David Saynor 416 367 0272 x221 dsaynor@littletrinity.org

* Little Trinity Church uses the United Church of Canada to process PAGs on its behalf. The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation including, but not limited to, the Personal Information Protection and Electronic Documents Act (2000, c.5).

