



**PAG AUTHORIZATION CHANGE FORM**  
 (For Existing PAG donors in making changes to banking details or donation amount)  
 Church Name: St. Peter's Anglican Church, Erindale  
 PAG Congregational Number: 6050035

I/We, \_\_\_\_\_, (PAG offertory # \_\_\_\_\_) request and authorize The United Church of Canada to debit my/our account on the 20th of every month in the NEW amount of \$\_\_\_\_\_.  
**OR**  
 by increasing/decreasing my existing donation by \$\_\_\_\_\_ or \_\_\_\_\_% starting on the 20th of \_\_\_\_\_.

This contribution is made on behalf of:  
**St. Peter's Erindale, 3041 Mississauga Road, Mississauga, Ontario L5L 0B7**

I would like my donation to benefit the following areas: (state actual amounts or check the areas and your donation will be divided equally amongst them).

Local Church:		Mission & Service Fund:		Other:	
Regular	\$ _____	Parish Outreach	\$ _____	_____	\$ _____
Restoration	\$ _____	Deacon's Cupboard	\$ _____	_____	\$ _____
		FaithWorks	\$ _____		
		(Specify)			

This donation/payment is made by Individual(s).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

- ✓ 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 obtained from the Church PAG Contact or by contacting my financial institution or visiting www.cdnpay.ca.
- ✓ 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 PAG 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 Giving (PAG) and agree that I do not require advance notice of the amount of PAG before the debit is processed.**

**Parish PAG Contact: Hilary Barton Phone #: 519.702.3120 Email: par@stpeterserindale.org**

Due to high service charges (2.5% for Visa and MasterCard; we do not accept Amex), we generally do not encourage people to use credit cards for PAG donations. However, if donors wish, this service is still available.

Debit My Credit Card Number: \_\_\_\_\_ EXP \_\_\_\_\_  
 \_\_\_\_\_(mmyy) Name on Card: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

We agree to be bound by, comply with, respect and apply all relevant provisions of the Canadian Payments Act and all related by-laws, rules and standards in force from time to time as they apply to PARs including, without limitation, the Confirmation/Pre-notification requirements or waiver of Pre-notification requirements and cancellation requirements as set out in Rule H1. 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) (form dated February/2016)