



PAG Authorization Form

PAG Congregational Number 5050235

Charitable Registration Number 119194942RR0001

I/We, _____, request and authorize St. Paul's* to debit my/our account on the 20th of every month in the amount of \$ _____, starting on the 20th of _____ (enter month).

This contribution is made to the benefit of:

St. Paul's Bloor Street Anglican Church
227 Bloor Street East, Toronto, ON M4W 1C8

This contribution by me/us is to benefit:

Current operations \$ _____

Heritage Fund \$ _____

Other \$ _____ (please specify) _____

If not specified contributions will go to benefit current operations

This donation is made by (circle one): Individual(s) Business

Please attach a VOID cheque

Signature: _____ Date: _____

- I may change the amount of my contribution at any time subject to providing 15 days notice.
- I may revoke my authorization at any time, subject to providing 15 days notice at which time I will submit a cancellation form obtained from the Church office, 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 the 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 Gift (PAG) and agree that I do not require advance notice of the amount of PAG before the debit is processed.**

St. Paul's Contact:

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** St. Paul's contracts The United Church of Canada to process PAG's on its behalf. As such it is The United Church of Canada that does the actual withdrawal of funds. 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).