

**PAR
AMOUNT CHANGE
REQUEST**



To: _____
(Church Name)

Date: _____

I/We _____
(Donor Name/s)

wish to **INCREASE** the donation amount with
Pre-Authorized Remittance (PAR) to \$ _____
effective in the month of _____.

wish to **DECREASE** the donation amount with
Pre-Authorized Remittance (PAR) to \$ _____
effective in the month of _____.

My previous withdrawal amount, for reference, was \$ _____

***Please note the United Church of Canada
requires at least 10 business days to process requests.***

I/We acknowledge that this cancellation does not terminate
any other obligation that I/we may have with the Payee.

Signed: _____

*(Must be signed by all person(s) who signed
original PAR agreement)*