

**PAR
CANCELLATION
NOTICE**



To: _____
(Church Name)

Date: _____

I/We _____
(Donor Name/s)

cancel my/our authorization for the debiting of
Pre-Authorized Remittance (PAR)
in the amount of \$ _____
against my/our account number: _____,
(Bank No./Transit No./Account No.)

effective on _____
(Date)

***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)*