

Pre-Authorized Remittance (PAR) Authorization Form

Please indicate:

- I/We would like to become a monthly donor(s).
- I/We would like to change an existing PAR.

I/We, _____, request and authorize Three-fold Ministries to debit my/our account on the first working day of every month in the amount of \$_____, starting on the first working day of _____ (month).

I/We, would like my/our donation to be used in the area(s) of ministry indicated:

- Best Start in Christ
- Health and Wellness (e.g. medical teams and supports, first-response)
- Pastoral Training
- Skylark Retreat Centre facilities
- Where most needed

I/we understand that this is a personal commitment. I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. I/we may change the amount of the contribution, the bank account details, or revoke the authorization at any time subject to providing 15 days notice. I/we agree that I/we do not require advance notice of the PAR before the debit is processed each month.

I acknowledge that Threefold Ministries will utilize the donation for the purpose that it was given however if a program is oversubscribed, I acknowledge and authorize Threefold Ministries to apply my donation to whatever project or program Threefold Ministries, in their absolute discretion, deems appropriate. I will receive notification of such change.

Signature of account holder: _____

Date: _____

A void cheque is to accompany this letter.