

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 bank account charge my credit card

on the first working day of every month in the amount of \$_____, starting on the first working day of _____ (month), _____ (year). I understand that my information will be saved securely for future transactions on my account and will be destroyed upon termination of this PAR.

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

Please submit a void cheque with this form or complete the following:

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. This information will be processed by Square, Inc. and may be stored in the United States and other countries.

Credit Card Information Card Type: MasterCard VISA Discover AMEX

Other _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

Cardholder Postal Code (from credit card billing address): _____



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

Signature of account holder: _____

Date: _____

