



PAR CANCELLATION NOTICE

To: _____ Date: _____
(Church Name)

I/We _____ cancel my/our authorization for the debiting
(Donor Name/s)

of Pre-Authorized Remittance (PAR) in the amount of \$ _____ against my/our account
number: _____, effective on _____.
(Bank No./Transit No./Account No.) *(Date)*

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)