



Online 2026 PLEDGE FORM for Congregational Financial Planning "Giving Is easy at FSA"

This confidential information will be used for congregational financial planning.

Please complete this pledge form and return it as soon as possible to the church office or by email to admin@fsaunited.com

Last Name: _____ First Name: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____

If you are new to PAR (Pre-Authorized Remittance) or wish to change the account from which to withdraw funds using PAR, please complete the second page of this form.

If you are only changing the amount you give, complete page 1 only.

If you wish envelopes, please check ____

Our goal for 2026 is to increase givings by 5%.

For the year 2026 my pledge will be:

Total Amount Pledged (for the year, to be paid in 12 equal, monthly installments): _____

Amount for FSA: _____

By Par: ☐ By Envelope: ☐

Amount for Mission & Service: _____

Made online: ☐ Made using securities: ☐

Amount for Other: _____
(please specify) _____

Signature: _____

Thank you for your ongoing support of First-St. Andrew's.



AUTHORIZATION FORM

(For new PAR donors and to change your account using PAR)

Church Name:



I/We, _____ request and authorize The United Church of Canada to debit my/our account on the **20th of every month** in the amount of \$_____, starting on the 20th of _____ (enter month/year). This contribution is made on behalf of:
First-St. Andrew's United Church, 350 Queens Ave., London ON, N6B 1X6.

This contribution by me/us to the above local church is to benefit:

Amount to help operate FSA: _____ Amount to help M&S: _____

Amount to *Other: _____ *Please specify: _____

New PAR donors, please attach a VOID cheque.

OR

Credit Card #: _____ Visa: _____ MC: _____ Expiry Date: _____

Signed: _____ Date: _____

- I may change the amount of my contribution at any time subject to providing notice of 15 days.
- I may revoke my authorization at any time by contacting the Office Manager at First-St. Andrew's United Church, subject to providing notice of 15 days. Contact may be by mail, phone (519-679-8182) or email (admin@fsaunited.com).
- I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAR agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.
- I waive my right to receive pre-notification of the amount of the Pre-Authorized Remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.

Contact: Kathryn Skelly, Office Manager
Phone: 519-679-8182
Email: admin@fsaunited.com

We agree to be bound by, comply with, respect and apply all relevant provisions of the Canadian Payments Act and all related by-laws, rules and standards in force from time to time as they apply to PAR's including, without limitation, the Confirmation/Pre-notification requirements or waiver of Pre-notification requirements and cancellation requirements as set out in Rule H1.

The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation, including but not limited to, the Personal Information Protection and Electronic Documents Act (2000, c5).