



PAR CANCELLATION NOTICE

To: Hope Lutheran Church, Nanaimo, BC

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)