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MARKHAM MISSIONARY CHURCH

Celebrating God's love and good news
by embracing all people in
Jesus' Name!

markhamemc.ca



GIVING OUR OFFERINGS BY PRE AUTHORIZED REMITTANCE

Offerings are an important part of our worship of God. Offerings given to our church help us, as a congregation, support our ministry here in Markham as well as outreach around the world through our Missions support.

I Timothy 5:17, 18 states that "The elders who direct the affairs of the church well are worthy of double honor, especially those whose work is preaching and teaching." Regular financial support of the work of MMC assists us all in maintaining a presence and a living witness in the community as well as spreading the Gospel of Christ in other areas of the world.

Markham Missionary Church is providing a program that will allow for offerings to be made through direct withdrawal from your banking institution on a monthly basis in the amount you specify. If you have automatic withdrawals from your bank account to pay your bills, taxes, or mortgage, then you already understand the PAR (Pre-Authorized Remittance) principle.

This program is provided through the United Church of Canada. They are providing it at a very small cost (only 50-cents per person per month) to other denominations and individual churches.

The basic process is simple and involves the following steps:

- Prayerfully consider the amount of your monthly offering.
- Complete the PAR authorization form and attach a cheque marked "VOID".
- Enclose both in an envelope marked "*PAR - MMC Treasurer*" and place it on the offering plate, or give it to our Designated Contact person.
- Withdrawals will occur on the 20th day of each month after your specified start date. You can designate, modify, or cancel your donation at any time, as long as you give our Designated Contact person 15 days notice proceeding the date of the next scheduled withdrawal.
- If you need assistance or further information concerning the **PAR Plan**, please speak with one of MMC's Designated Contacts: Jennifer Simpson - in the church office during the week or John Quanz - our Treasurer, at any other time.

You can also access the form through our church website www.markhamemc.ca under the tab "*Offerings*" and then to **PAR Plan**.

We hope that knowing you can give to the Lord's work on a regular basis whether or not you can attend church every Sunday will prove to be a blessing to you.



MARKHAM MISSIONARY CHURCH PAR AUTHORIZATION FORM

(For new PAR donors and to make changes to banking details).

PAR is provided and managed by
The United Church of Canada.

PAR congregational number: _____

Name of church PAR contact: Jennifer Simpson / John Quanz

Phone number: 905-294-5081

Envelope # _____ Gift amount: \$ _____

Name of local church: Markham Missionary Church

This gift to the above local church is to benefit:

General Operating Budget: \$ _____ Capital Fund: \$ _____

Name: _____

Street number/unit: _____ Street name: _____

City: _____ Province: _____ Postal code: _____

E-mail: _____

Option 1: Pre-authorized Debit - Please attach a VOID cheque.

I/We request/authorize The United Church of Canada to debit my/our account on the 20th of every month, starting the 20th of _____ this year of 20_____. I also recognize & agree to the following:

- *I may change the amount of my contribution at any time by contacting our church PAR contact.*
- 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 pre-authorized remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.

Signed: _____ Dated: _____

Option 2: Visa or MasterCard

Please note that a 2–3% service charge reduces the total of your donation to your congregation.

Card number: _____ Expiry: _____ / _____

MM / YY

Name on card: _____