

 **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)*