



## 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)