

## PAR Authorization Form

I hereby request and authorize the Christian Reformed Church:

\_\_\_\_\_  
Name and address of local church

to withdraw each month from my account, starting \_\_\_\_\_, in the amount of \$ \_\_\_\_\_  
mm/yyyy  
as a contribution by me to the above local church.

Contributor's name: \_\_\_\_\_

Bank account #: \_\_\_\_\_ Type of account: \_\_\_\_\_

Distribution: budget \$ \_\_\_\_\_ benevolence \$ \_\_\_\_\_ other (please specify) \$ \_\_\_\_\_

Name and address of financial institution: (To ensure accuracy, please enclose a sample cheque marked "void.")  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature of contributor \_\_\_\_\_

ARE YOU ON PAR?