## PAR AUTHORIZATION FORM

| ☐ New Signup             | ☐ Change Request   |
|--------------------------|--|
| Contributor's name:      |  |
| Envelope # (if known): _ |  |
| ☐ I wish to receive givi | ng cards which can be placed in the Sunday offering as a symbol of my giving.  |
| If new signup, ple       | ase attach a VOID cheque.  |
| Transit # (5 digits):    | Institution # (3 digits): Account #:   |
|                          | MEMO   |
|                          | Cheque Transit Financial Account Number Number Institution Number Number   |
| • •                      | thorize Duncan Christian Reformed Church (930 Trunk Rd, Duncan, BC) to debit my every month (or next available business day), the amount of \$, starting, 20 |
| These funds are to be ut | ilized by the church for <u>church ministries</u> .  |
| Signature:               |  |
| Date:                    |  |

Please return the completed form to Joel Duifhuis.

Questions? Talk to Joel Duifhuis @ 250-710-8119 or joel@zineer.com

Forms must be received before the 9th to be processed for the current month.

This program is administered by the **Christian Reformed Church** (Burlington, ON), in partnership with our local congregation.