

**PAR AUTHORIZATION FORM**

I hereby request and authorize the: Williamsburg Christian Reformed Church

To withdraw each month from my account, starting on \_\_\_\_\_

In the amount of \$\_\_\_\_\_ as a contribution by me to the Church.

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

Contributor's address: \_\_\_\_\_

Distribution:

Budget \_\_\_\_\_ Benevolence \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Bank Account # \_\_\_\_\_ Account Type \_\_\_\_\_

Name of Bank or Trust Co. \_\_\_\_\_

Address: \_\_\_\_\_

Debits will be taken on the 20<sup>th</sup> of each month or next business day.

**TO ENSURE ACCURACY, PLEASE ATTACH A SAMPLE CHEQUE MARKED "VOID"**

\_\_\_\_\_

\_\_\_\_\_

Date

Signature of Contributor

Complete this form and enclose a Blank "Void" cheque with it.

You can put you Form in either the Clerks (**Jack VanGilst**) mail slot or the Treasurers (**Renny VanGilst**) mail slot in the fellowship room.

Alternatively you can mail it to the Church at:

The Clerk c/o  
Williamsburg Christian Reformed Church  
12436 County Rd 18  
Williamsburg, On, K0C 2H0

**Thank You for your generous Gift to The Williamsburg CRC and it's Out Reach**