

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 #: _____

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 _____



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