

# MONTHLY BANK DEBIT PAR Authorization form

I hereby request and authorize the Christian Reformed Church:

Jubilee Fellowship, 13 Wilholme Drive, St Catharines, ON

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

to withdraw each month from my account, starting \_\_\_\_\_ (mm/yyyy)

in the amount of \$ \_\_\_\_\_

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 \_\_\_\_\_

Scan with Void Check here and email to [tveldboom@crcna.org](mailto:tveldboom@crcna.org)

