

# PAR AUTHORIZATION FORM

Complete this form, attach "VOID" cheque, Insert and seal in envelope marked "PAR", and place on offertory plate or hand in to church office.

## PAR AUTHORIZATION FORM

I authorize Christ Church Bells Corners to arrange a monthly\* debit, from the account herein identified, in the amount of \$ \_\_\_\_\_ per month, beginning the month of \_\_\_\_\_ in the year \_\_\_\_\_.

Donor's Name (PRINY): \_\_\_\_\_

Financial Institution: \_\_\_\_\_

To ensure accuracy of information, PLEASE ATTACH A CHEQUE, MARKED "VOID", TO THIS FORM.

Signature of Donor: \_\_\_\_\_ Date: \_\_\_\_\_

This authorization may be changed (increased, decreased, stopped) by the donor at any time.

\*CCBC's PAR service provider exercises the debit cycle on the 20<sup>th</sup> day of each month.

Complete this copy and retain for your personal record of "PAR" donations.

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