

PAR-Pre-Authorized Remittance

- Debits will be made (monthly) on the 20<sup>th</sup> of the month (or the next business day)
- If changes need to be made (amount or account) contact the Budget Administrator before the 10<sup>th</sup> of the month.
- We advise you to keep a photocopy of this form for your records

---

**PAR Authorization Form:**

I hereby request and authorize Ingersoll Christian Reformed Church 429 King Street West, Ingersoll ON N5C 3J7 to withdraw each month from my account. (Information listed below)  
A contribution by me to the above local church.

Contributors Name: \_\_\_\_\_ Envelope # \_\_\_\_\_

Bank Account Number# \_\_\_\_\_ Type of Account: \_\_\_\_\_

Start Date: \_\_\_\_\_ Amount: \$\$ \_\_\_\_\_

Name & Address of Financial Institution:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Contributor: \_\_\_\_\_

---

If you have questions contact Rita Reitsma (Budget Administrator)  
[crcstewardship@gmail.com](mailto:crcstewardship@gmail.com) 519 532 8817

