

PAR AUTHORIZATION FORM

I/we hereby request and authorize ClearView Church to withdraw from my/our bank account monthly, starting _____(mm/yyyy), the amount(s) noted below as my/our contribution to the church.



Budget contribution: \$ _____ Debt Reduction: \$ _____

Contributor Name: _____

Transit # _____ Bank # _____ Account # _____
(see over)

Name of financial institution: _____

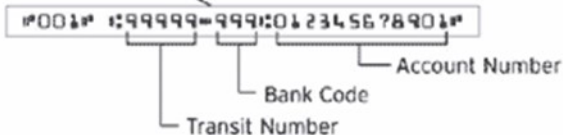
TO ENSURE ACCURACY; PLEASE ALSO ENCLOSE A BLANK CHEQUE MARKED "VOID"

I understand that withdrawals will take place monthly on the 20th of each month (up to the 22nd if the 20th falls on a weekend).

Signature: _____ Date: _____

NOTE: PAR authorization must be received and processed by the church office before the 10th of the month in order for withdrawals to begin that same month.

******(THIS COPY IS FOR CLEARVIEW CHURCH)******



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******(THIS COPY IS FOR YOUR RECORDS)******