PAYOR'S AUTHORIZATION FOR PAR

PRE-AUTHORIZED REMITTANCE

☐ **New Enrolment**

☐ **Change to Current Enrolment**

1. Payor's Name and Address (Please Print)

Last Name:	First Name:
Street:	
City/Prov.:	Postal Code:
Email:	Phone:

I/We warrant and represent that the following information is accurate

2. I/we will inform ClearView Christian Reformed Church in writing (or via email to giving@clearviewchurch.com) of any change in information provided in this section of the Authorization no later than the 5th of the month for the change to be in effect that same month.
3. **I/we hereby authorize ClearView Christian Reformed Church to issue a Pre-Authorized Remittance to be drawn <u>monthly</u> on my account on the 20th of each month for the following purpose(s):**

$	ClearView Ministries / Budget
$	Debt Reduction
$	Weekly Designated Cause (to be split equally between causes identified)
$	**TOTAL MONTHLY PAR**
Effective Date:	

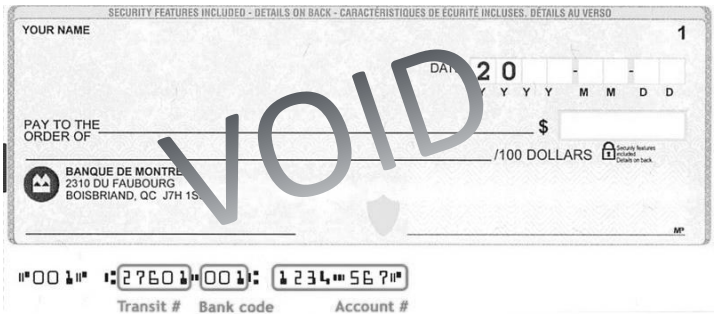
4. I/We may cancel this PAR authorization at any time upon providing written or email notice to the Payee.
5. I/We may dispute a PAR only under the following conditions:
   - The PAR was not drawn in accordance with the Authorization
   - The authorization was revoked
6. I/We understand and accept the terms of participating in PAR.

Signed:_____

Signed:_____

NEW PAR ENROLMENT OR TO CHANGE BANKING INFO
· Complete banking information in the box below
· Include a specimen cheque marked 'VOID"

Name of Payor's Financial Institution:		
Street:		
City/Prov.:		Postal Code:
Transit Number:	Bank Code:	Account Number:



SUBMIT COMPLETED FORMS BY:

MAIL: **Financial Administrator**
ClearView Church
2300 Sheridan Garden Drive
Oakville, ON L6J 7M4
905-601-3748

EMAIL: **giving@clearviewchurch.com**