

PAR (Pre-authorized Remittance) Information

Date of Application: _____

Date Effective: _____

Personal Information:

Name: _____

Address: _____

City / Prov / PCode: _____

Telephone / Cell #: _____

Email: _____

Financial Institution / Banking Information (or submit a blank cheque marked VOID)

Name of Financial Institution: _____

Institution Number: _____

Account Number: _____

Branch (e.g. Wolfville): _____

Branch Address: _____

City / Prov / PCode: _____

Donation Information (please use another piece of paper if additional accounts are necessary)

Total Amount to Transfer: \$ _____

Breakdown: \$ _____ Operating Expenses

\$ _____ Missions and Outreach

\$ _____ Deacon's Discretionary Fund

\$ _____ Other (Please specify: _____)

\$ _____ Other (Please specify: _____)

Signature _____

Please note that the monthly PAR amount will be withdrawn on the third Monday of each month, between the 15th and 20th. If the third Monday falls outside these dates (e.g. 21st of month), the amount will be withdrawn on the previous work day.