

B.O.A.T Church, Pickering ON, Church Plant

A Ministry of Classis Toronto of the Christian Reformed Church

Pre-Authorized Remittance (PAR) Authorization Form

I hereby request and authorize Classis Toronto of the Christian Reformed Church to withdraw the amount of \$ each month from my account starting / (mm/yyyy), as a contribution by me to B.O.A.T Church, Pickering ON.

Contributor's name:	_____
Address:	_____ _____
Telephone:	_____
Email:	_____

Financial Institution Information (please attach a VOID cheque to ensure accuracy)		
Bank name:	_____	
Branch address:	_____ _____	
Bank # _____	Transit # _____	Account # _____
(If you provide a VOID cheque, you do not need to provide the bank/transit/account #'s)		

The debit will be charged to your account on the 20th day of each month, or the next business day. Changes to this authorization should be submitted by the 1st of any month. A charitable tax receipt will be issued after the end of each year.

Signature of contributor: _____ Date: _____

Please return this completed form and/or refer any questions to:

John Nyholt, Treasurer
Classis Toronto of the Christian Reformed Church
c/o ClearView Church
2300 Sheridan Garden Drive, Oakville, ON L6J 7R2
E: classistotreasurer@gmail.com T: 416-505-3895

