

PAR Authorization Form.

Immanuel Christian Reformed church

95 Oak St Simcoe. N3Y 3 K1

i nereby authorize The Immanuel Cr	nristian reformed church of Simcoe
to withdraw from my account starting	ing on20 th , in the
amount of \$ as a	
local church.	
Contributors Name:	
Bank account #:	
Name of financial institution:	
Address of financial institution:	
(To ensure accuracy, please enclose	e a sample cheque marked Void)
Date:	
Signature of contributor:	

Once completed please send this form and void cheque to Church treasurer Al Martens at almartens383@gmail.com