

PAR FORM

FOR

PRE-AUTHORIZED DEBIT/PRE-AUTHORIZED REMITTANCE (PAR)

GRACE LUTHERAN CHURCH
4218 - 56TH Avenue
Wetaskiwin, Alberta. T9A 2W3

Date: _____

I/We _____ would like to be on the PAR program and wish to make the following changes to our contributions to Grace Lutheran Church:

MONTHLY GIVING DESTINATION:

Current Funds	_____
Building and Property	_____
_____	_____
_____	_____
_____	_____

My/Our monthly total is _____

This will begin on _____, 20__

Signature(s) _____

NOTE: Please include a 'voided' cheque or a direct debit form.
Deductions will be taken out of your account on the 20th of the month.