



PAR Authorization Form

I/we hereby request and authorize Maple Grove United Church to debit the bank account or credit card indicated below in the amount of \$ _____ per month.

<input type="checkbox"/> Credit card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	<input type="checkbox"/> Bank account <i>Please provide a cheque marked "VOID." For joint accounts, both signatures MUST appear below.</i>
Card number	Account holder name
Expiry date	Account holder signature
Cardholder name	Joint account holder name
Cardholder signature	Joint account holder signature

All information is for the church's ministry planning. It will be received and processed in a confidential manner. Every thoughtful gift makes a difference.

Thank you,

The Stewardship Committee