PRE-AUTHORIZED REMITTANCE (PAR) AGREEMENT

I want to support the ministry and mission of Sutherland Evangelical Church 110 104th Street East, Saskatoon, SK S7N 1M8 through pre-authorized remittances.

i nereby at	utnorize Sutherland Evangelical Church to debit my bank account
\$	/week (to be withdrawn each Monday)
\$	to be withdrawn on the 1st of each month
\$	to be withdrawn on the 15th of each month
and to allo	ocate it as indicated below:
\$	Budget (General Fund)
\$	Building Fund
\$	Other:
Name:	
Address:	
_	
Name of B	Bank/Trust Company/Credit Union:
Account N	Number:
obtain a sar	ke my authorization at any time, subject to providing notice of 30 days. To mple cancellation form, or for more information on my right to cancel a ment, I may contact my financial institution or visit www.cdnpay.ca .
example, I lor is not con	nin recourse rights if any debit does not comply with this agreement. For have the right to receive reimbursement for any debit that is not authorized insistent with this PAR agreement. To obtain more information on my ghts, I may contact my financial institution or visit www.cdnpay.ca .
Signature:	Date:

Please attach a void cheque and place in the offering plate, mailbox #57, or mail to Sutherland Evangelical Church.