

First Hamilton CRC

Pre-Authorized Remittance AUTHORIZATION FORM

I hereby request and authorize

First Hamilton Christian Reformed Church
181 Charlton Avenue West, Hamilton, Ontario L8P 2C9

to withdraw \$_____.00 each month from my account,

beginning _____ 20th, 20____,
(month) (year)

as my contribution to First Hamilton CRC's budget collection (ie. Ministries of First Hamilton CRC)

Contributor's Name _____

Bank A/C # _____ Type of Account _____

Name and Address of Bank or Trust Co.

TO ENSURE ACCURACY, PLEASE ATTACH A SAMPLE CHEQUE, MARKED "VOID" .

Date

Signature of Contributor
