

PAR CHANGE FORM

For changing PAR amount OR to change banking information

To: <u>Calva</u>	ary United Church	, St. Jacobs	Date:			
I/We made to	my/our Pre-Auth	orized Remittance (PAR):	request th	ne following change	
(FNTFR 1	THE NEW CONTRI	BUTION AMOUNTS)				
Envelope # (If known)		General Operating	United Church of Canada M&S	Other	TOTAL	
		umns are from the ther" is intended fo	United Church of Canad	a's form.		
Check Other Funding		ion is internace for and the amount.			Amount to total "Other" above	
	Capital Fund					
Outreach & Missions Fund (supported by Calvary)						
Settlement (Refugee) Fund						
My/Our banking information has changed . (Please attach a <u>VOID</u> cheque for the <u>new</u> bank or account.) Transit No. Inst. No. Account No.						
00	41 :12345	5-004: 123	4-1234567		17.46	
Chea	ue * Transit	Designa numb				
numb		Institution number	number			
Signed: _	Type in your nam	e				