

COCHRANE STREET UNITED CHURCH

PERSONALLY APPROVED OFFERING AUTHORIZATION (PAR)

YOUR NAME: _____

WITHDRAWAL FROM:

BANK NAME _____ **BANK ADDRESS** _____

TRANSIT # _____

I hereby authorize Cochrane St. United Church to draw an electronic entry covering offerings by me to Cochrane St. United Church for the amount of \$ _____ each month.

I would like this amount to be used by the church in the following manner:

Local Expenses: \$ _____ Mission and Service \$ _____

WITHDRAWAL DATE OF MONTH _____

ATTACH A VOID CHEQUE
OR
ACCOUNT # AND ACCOUNT TYPE (CHEQUING/SAVINGS) _____

Signature (as you sign your cheques) _____

You can place this form in an envelope and put in in the collection plate marked to the attention of the Treasurer or you can mail the form to The Treasurer, Cochrane Street United Church, 81 Cochrane Street, St. John's, NL A1C 3L7. Whichever way, please write on the envelope **Confidential**.

COLLECTION PLATE CARDS ARE AVAILABLE UPON REQUEST