

# FIRST BAPTIST CHURCH

*"God is spirit, and His worshipers must worship in spirit and in truth."*



DIVISION AND WATER STREETS  
BOX 56  
KINGSVILLE, ONTARIO N9Y 2E8

Phone: 519-733-4144  
Phone/Fax: 519-733-9422

## PARS Authorization/Change Form

I/we authorize First Baptist Church Kingsville to make monthly/weekly (please circle appropriate frequency) automatic withdrawals of: \$ \_\_\_\_\_ from my/our account starting on: \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year).

**Please Note:** If this is a change to your existing PARS please check:

### Distribution of Funds:

1. General \$ \_\_\_\_\_
2. Missions \$ \_\_\_\_\_
3. Building \$ \_\_\_\_\_
4. Other \$ \_\_\_\_\_

Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ (mandatory)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Envelope Number (if known): \_\_\_\_\_

Please attach a VOID cheque or fill out the following Bank/Trust Company/Credit Union Information:

Name: \_\_\_\_\_

Bank #: \_\_\_\_\_ Branch #: \_\_\_\_\_ Account #: \_\_\_\_\_

*Please complete this form and return to First Baptist Church – Kingsville at the above address  
"Attention Financial Secretary/Bookkeeper"*

I/we understand that

- I/we may revoke my authorization at any time by giving 30 days notice in writing.



Signature: \_\_\_\_\_