



Christian
Reformed
Church

CANADIAN

**MINISTERS' PENSION PLAN (MPP)
DIRECT PAY / ELECTRONIC FUNDS TRANSFER (EFT)
AUTHORIZATION AGREEMENT FOR DEBITS**

1 Contributor Information

Customer #: _____

Church / Participant
Name & Address: _____

Contact Name & Phone/Email: _____

2 Financial Institution Information

Name: _____

Address: _____

City: _____ Prov: _____ Postal
Code: _____

Account Name: _____

Transit / Branch #
(min. 5 digits): _____

Institution Code (3 digits): _____

Account Number (min. 7 digits): _____

NOTE - Please attach voided cheque

3 Authorization

I (we) hereby authorize Christian Reformed Church (CRC) to initiate debit for future MPF monthly assessment payments to the account indicated above at the financial institution named above and to debit the same to such account. I (we) authorize my/our financial institution to debit my/our account for these payments.

This authorization is to remain in full force and effect until MPP has received written notification from the participant named above at the address provided below of its termination in such time and in such manner as to afford the CRC and Bank a reasonable opportunity to act on it.

Name of Church/Participant: _____
(Please Print)

Authorised Signature: _____

Date: _____

NOTE - To revoke this agreement, the Participant or CRC entity must send their revocation in writing to:

pension@crcna.org or by mail to
CRC Ministers' Pension Plan
2969 Prairie St. SW, Suite 102
Grandville, MI 49418

For questions on any of the above, please call 616-224-0722 or e-mail pension@crcna.org.