

**1 Contributor Information**

Reference #: \_\_\_\_\_

Church / Participant  
Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Name & Phone/Email: \_\_\_\_\_

**2 Financial Institution Information**

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

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal  
Code: \_\_\_\_\_

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

Transit/Branch Number  
(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, starting \_\_\_\_\_

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)

Authourized Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

NOTE - To revoke this agreement, the Participant or the CRC entity must send their revocation in writing to:  
CRC Ministers' Pension Plan  
3475 Mainway, PO Box 5070 STN LCD 1  
Burlington, ON L7R 3Y8

For questions on any of the above, please call 905-336-2920/1-800-730-3490, fax 905-336-8344 or e-mail pension@crcna.org

