



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)

Authorised 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