



2020 REMITTANCE FORM

Due in the Synod Office by the 14th of each month

Parish: _____ Month of _____

| | | | |
|---|-------------------|-----------------|----------------|
| 1 Parish Assessment | | \$ | _____ |
| 2 Salary Payment (please indicate the Last Name, First Name of Employees) | | | |
| a. | _____ | | _____ |
| b. | _____ | | _____ |
| c. | _____ | | _____ |
| d. | _____ | | _____ |
| e. | _____ | | _____ |
| f. | _____ | | _____ |
| g. | _____ | | _____ |
| h. | _____ | | _____ |
| 3 Continuing Education – Name of Deacon: | _____ | | _____ |
| 4 Payment on loan (P&I) | _____ | | _____ |
| 5 For onward transmission | | | |
| a. Primate's World Relief & Development <i>General Fund</i> | _____ | 2330 | _____ |
| b. Primate's World Relief & Development (please specify) | _____ | | _____ |
| c. Care +Share General Fund | _____ | 2290 | _____ |
| d. Care+Share (please specify) | _____ | | _____ |
| 6 Pre-Authorized Donations (PAD) | _____ | | _____ |
| 6a Credit Card Fees | _____ | | _____ |
| 7 Draw from CTF (specify CTF#) | _____ | | _____ |
| 8 Others (please specify) | | | |
| a Property Insurance | | 1340 | _____ |
| b Single Event, Individual and Group | | | |
| Liability Insurance | Event Date: _____ | 1825 | _____ |
| c Certificates | | 6550-1 | _____ |
| d Other (please specify) | _____ | | _____ |
| e Other (please specify) | _____ | | _____ |
| f Other (please specify) | _____ | | _____ |
| | | Total \$ | _____ - |

Cheque No. _____ **Cheque Date** _____ **Date Received** _____

For payments to be processed through electronic fund transfer, please attach a copy of the parish void cheque.

**** Cheque Amount should equal the same amount as Remittance Amount. CTF Deposits should be on a separate cheque.**