

St. Gabriel

ACH /Credit Card Contribution Form

I, _____ (please print your name) authorize St. Gabriel Parish to initiate entries from my checking/savings account or credit card. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the parish a reasonable opportunity to act on it. I can stop payment on any entry by notifying my financial institution 3 days before my account is charged.

MONTHLY payment \$ _____
Funds withdrawn on the 15th of month

Name (please print): _____

Address (please print): _____

City, State, Zip Code: _____

Phone: _____ **Date:** _____

Checking/Savings

Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

PLEASE INCLUDE VOIDED CHECK WITH FORM

Credit Card

MasterCard Visa Discover

Account Number:

3 digit verification code: _____

Expiration Date: _____ Signature: _____



RETAIN FOR YOUR RECORDS

On _____ (date) I authorized St. Gabriel Parish, 1200 St. Gabriel Way, Hubertus, WI 53033, Phone# (262) 628-1141, to initiate electronic entries from my checking/savings or credit card account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by writing to the above address.

Monthly contribution: _____ 15th of every month