



ACH/Credit Card Automatic Contributions

*"Return to me, and I will return to you"
says the Lord Almighty*

Name: _____

Address: _____

I/We authorize St. Gabriel Parish to withdraw the amount I/We have designated below from my checking account, savings account or credit card. This authorization will remain in effect until I notify St. Gabriel Parish otherwise.

Amount of Monthly Contribution \$ _____

(Funds are withdrawn on the 15th of the month)

(Authorized Signature)

(Name as it appears on Credit Card)

(Date)

(Email Address)

(Phone Number)

Contribution from Checking or Savings Account

(Please include a voided check with this signed form)

Contribution on a Credit Card

MasterCard

Visa

Discover

Credit Card Number

Expiration Date: _____

3 Digit Verification Code (on back of card): _____