



Saint Gabriel
CATHOLIC PARISH

ACH/Credit Card Automatic Contribution Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, Discover, or AMEX

Envelope # _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Email: _____

☐ New Form ☐ Replace Form Already on File Start Date: _____

I/We authorize St. Gabriel Parish to withdraw the amount below from my bank account/credit card

\$ _____ monthly for my parish contribution (processed on the 15th of the month)

\$ _____ twice-monthly for my parish contribution (processed on the 1st and 15th of the month)

Bank / Credit Card Information

☐ Checking Account ☐ Savings Account

Bank Name: _____

Name on Account: _____



Please include a void check with this signed form.

☐ VISA ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name: _____

Card Number: _____

Exp. Date: _____ CVV (3 or 4 digit): _____

Billing Zip code: _____

☐ Please check this box to help us retain 100% of your donation by covering the credit card processing costs.

I would like to enroll in the St. Gabriel Parish Contribution program. I understand that my contribution amount will be transferred directly from my checking account or credit card to St. Gabriel's Parish account. A record of my gift(s) will appear on my bank or credit card statements and my transfers will begin as indicated above. I understand that I can increase, decrease or suspend my giving by contacting St. Gabriel Parish, 262-628-1141.

Signature: _____

Date: _____

Office Use Only - Date Received: _____ Data Entry: _____