



## ACH Automatic Contribution Form

Schedule your payment to be automatically deducted from your bank account.

*Please print*

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 financial institution.

*please check the 1<sup>st</sup> or 15<sup>th</sup>*

\$ \_\_\_\_\_ monthly for my parish contribution (processed on the 1<sup>st</sup>  **or** 15<sup>th</sup>  of the month)

\$ \_\_\_\_\_ twice-monthly for my parish contribution (processed on the 1<sup>st</sup> **and** 15<sup>th</sup> of the month)

### Financial Institution information

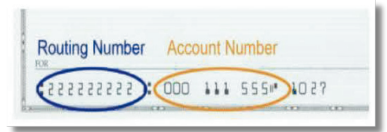
Checking Account       Savings Account

Financial Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_



I (we) hereby authorize St. Gabriel Parish to initiate electronic entries to my checking/savings account(s) at the financial institution listed above, and, if necessary, initiate adjustments for any transactions credited or debited in error. This authority will remain in effect until St. Gabriel Parish is notified by us in writing or by phone to cancel it at least 7 days in advance of the next scheduled transaction, to afford St. Gabriel Parish and The Financial Institution a reasonable opportunity to act upon it.

**[ATTACH A VOIDED CHECK IF POSSIBLE]**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*A copy of this authorization form will be mailed to you once it has been processed by the parish office.*

Office Use Only      Date Received: \_\_\_\_\_      Data Entry: \_\_\_\_\_