



ACH/Credit Card Automatic Tuition Payment Form

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Email: _____

I/We authorize St. Gabriel Parish to withdraw from my checking account or charge my credit card amounts, as designated, to fulfill my tuition obligations. This authorization will remain in effect until I fully satisfy my tuition balance or I notify St. Gabriel Parish otherwise. I can stop payment on any entry by notifying St. Gabriel Parish Office five (5) business days prior to the date my account will be charged. I understand that Total Tuition is due by May 25, 2026.

Please select one payment option:

\$ _____ Total Tuition

\$ _____ Payment/Withdraw

☐ One-time payment date:

☐ Quarterly (Aug/Nov/Feb/May)

☐ 10 Months (Aug - May)

★ Funds will be withdrawn on or about the 25th day of each month

Signature: _____ Date: _____

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 remember that this is a payment for a service that you are receiving. By checking this box, you allow us retain 100% of your payment by agreeing to cover the credit card processing costs.



To complete the payment online, please visit
<https://givebutter.com/STGABETUITION> or scan the QR code

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