



THE CATHOLIC COMMUNITY OF
ST. GABRIEL

BEING CHRIST · EVERY DAY · EVERYWHERE

Authorization Agreement for Automated Giving

I (we) hereby authorize The Catholic Community of St. Gabriel, Concord, Ohio, to initiate the transfer of payments electronically from (our) Checking Savings account with amount(s) and institution listed below. Date signed: _____

Name(s) _____
print name signature
_____ signature
print name signature

Information Needed: (please print)

Home Street Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Work or Cell Phone _____

E-Mail Address _____

Institution (bank, credit union) Name _____

Address _____

Nine Digit Routing Number

Account Number – **attach a voided check to this form**

Terms: (check all that apply)

- Weekly: Every Friday \$ _____
- Monthly: on the 1st of each month \$ _____
- Monthly: on the 16th of each month \$ _____
- Christmas: on December 24th \$ _____
- Easter: the Friday before Easter Sunday \$ _____

This agreement may be cancelled at any time by giving The Catholic Community of St. Gabriel written notification at least five business days in advance of the desired termination date.

For Office Use Only: Date form received: _____ Envelope #: _____ Date of 1st debit: _____