



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 or Savings account with amount(s) and institution listed below. I wish I do not wish to receive weekly envelopes to be placed in collection basket.

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

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 \$ _____

Continue Weekly Envelopes

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: _____

ACH: _____ OSV: _____ Letter: _____