



Automatic Withdrawal Authorization Form

I hereby authorize **Saint Gabriel the Archangel** to initiate electronic debit entries, and, if necessary, credit entries, to reverse erroneous debit entries to my account(s) listed below. It is agreed that these withdrawals will be made in accordance with the Rules of the National Automated Clearing House Association (NACHA).

Checking Account Amount \$ _____ Account # _____

Savings Account Amount \$ _____ Account # _____

Credit Union Amount \$ _____ Account # _____

I choose to have my stewardship pledge deducted as follows*: (check one)

_____ Weekly each Friday

_____ Monthly (15th of month)

_____ Monthly (30th of month)

_____ Quarterly (March 15th, June 15th, September 15th & December 15th)

_____ Annually (March 15 - ongoing) Please note: For NEW PARTICIPANTS, the annual deduction date will be one week after the beginning deduction date listed in the box below.

*******IMPORTANT NEW & RENEWAL PARTICIPANTS*******

A VOIDED CHECK MUST BE ATTACHED FOR EACH CHECKING ACCOUNT.

A VOIDED DEPOSIT SLIP MUST BE ATTACHED FOR EACH SAVINGS ACCOUNT.

NEW PARTICIPANTS, PLEASE COMPLETE THE FOLLOWING INFORMATION:

I/we are new participants begin automatic deductions on the following date _____

Name _____ Date Signed _____

Signature _____ Envelope # _____

*The checking or savings account you've selected will be charged on the day/ date you have indicated unless that day/date falls on a weekend or holiday, and then the deduction is taken on the next business day. Authority for automatic withdraws will continue on the cycle selected, and at the same amount, until written notice is given to St. Gabriel Parish to make changes.