

ENROLLMENT FORM



St. Francis of Assisi Church
860 Oak Grove Rd.
Concord, CA 94518

To enroll online, use code
below or scan here: →

CA762



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Faith Direct • Attention: Enrollment • P.O. Box 7101 • Merrifield, VA 22116-7101 • 1-866-507-8757 {toll free} • www.faithdirect.net

Process my gifts on the: 4th or 15th of the month (please check only one box)

Please circle:

Weekly or Monthly Offertory: \$ _____

(Note: If you choose **weekly**, the total amount will be determined by the number of Sundays in the month. Some months have 5 Sundays.)

You may also choose to give to the following second and special collections.
The amount indicated will be debited in the month listed as part of the regular monthly transaction.

COLLECTION	AMOUNT	MONTH	COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> Parish Repairs	\$ _____	Monthly	<input type="checkbox"/> St. Vincent de Paul	\$ _____	August
<input type="checkbox"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> Diocesan Priest Retirement	\$ _____	September
<input type="checkbox"/> Seminary Collection	\$ _____	January	<input type="checkbox"/> Catholic Voice	\$ _____	October
<input type="checkbox"/> SFA School Aid	\$ _____	January	<input type="checkbox"/> All Saints	\$ _____	November
<input type="checkbox"/> St. Vincent de Paul	\$ _____	February	<input type="checkbox"/> All Souls	\$ _____	November
<input type="checkbox"/> Ash Wednesday Alms	\$ _____	March	<input type="checkbox"/> St. Vincent de Paul	\$ _____	November
<input type="checkbox"/> Easter Sunday			<input type="checkbox"/> Immaculate Conception	\$ _____	December
(In addition to regular Sunday gift.)	\$ _____	April	<input type="checkbox"/> Our Lady of Guadalupe	\$ _____	December
<input type="checkbox"/> St. Vincent de Paul	\$ _____	May	<input type="checkbox"/> Christmas	\$ _____	December
<input type="checkbox"/> Sister Parish in Tanzania, Africa	\$ _____	July			
<input type="checkbox"/> SFA Religious Education Aid	\$ _____	July			

I would like to enroll in the Faith Direct program. I understand that my **total** monthly contribution amount will be transferred directly from my bank account or credit/debit card as stated above, a record of my gifts will appear on my bank or card statement, and my transfers will begin next month. I understand that I can increase, decrease or suspend my giving by contacting Faith Direct toll free at 1-866-507-8757. {All gifts provided to your Church originating as Automated Clearing House transactions comply with U.S. law.}

Signature: **X** _____ Date: _____

Name(s): (please print) _____
Street Address: _____
City/State/Zip Code: _____
Telephone: _____ E-mail: _____

Church Envelope #: _____

Name as I/we would like it to appear on Offertory Cards: _____
 I do not wish to receive Offertory Cards to place in the collection basket as a sign of my electronic giving.

If you choose to enroll by mail, you can contact Faith Direct at 1-866-507-8757 {toll-free} to set up online access to your account.

For Bank Account Debit: Please return this completed form and a voided check to Faith Direct Enrollment.

For Credit/Debit Card: Please complete the following... VISA MasterCard American Express Discover

Credit/Debit Card #: _____ Expiration Date: _____

If you have any questions about the Faith Direct program, please contact us at 1-866-507-8757 {toll free} or info@faithdirect.net.