

ENROLLMENT FORM



St. Lawrence Catholic Church
370 S. Section St.
Fairhope, AL 36532

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

AL496



Faith Direct • Attention: Enrollment • 7901 Jones Branch Dr., Ste 500 • McLean, VA 22102 • 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)

Weekly Offertory Gift: \$ _____

(Note: Weekly gifts will be multiplied by the number of Sundays in the month. Some months have 5 Sundays. The total Weekly gift amount plus any extra gifts indicated below, will be processed once per month.)

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"/> Building Fund	\$ _____	Monthly	<input type="checkbox"/> Catholic Communications	\$ _____	June
<input type="checkbox"/> Bus Fund	\$ _____	Monthly	<input type="checkbox"/> Seminarians	\$ _____	June
<input type="checkbox"/> Support The Catholic Weekly	\$ _____	Monthly	<input type="checkbox"/> Holy Father (Peter's Pence)	\$ _____	June
<input type="checkbox"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> Mission Co-Op	\$ _____	July
<input type="checkbox"/> Ash Wednesday - Charity	\$ _____	February	<input type="checkbox"/> Latin America	\$ _____	August
<input type="checkbox"/> Church Central & Eastern Europe and Africa	\$ _____	February	<input type="checkbox"/> Home Missions	\$ _____	August
<input type="checkbox"/> Black & Native American Missions	\$ _____	March	<input type="checkbox"/> Catholic University	\$ _____	September
<input type="checkbox"/> Catholic Relief Services	\$ _____	March	<input type="checkbox"/> Propagation of the Faith	\$ _____	October
<input type="checkbox"/> Good Friday/Holy Land	\$ _____	April	<input type="checkbox"/> All Souls	\$ _____	October
<input type="checkbox"/> Easter Sunday	\$ _____	April	<input type="checkbox"/> Campaign for Human Development	\$ _____	November
(In addition to regular Sunday gift)	\$ _____	April	<input type="checkbox"/> Retired Religious	\$ _____	December
			<input type="checkbox"/> Christmas	\$ _____	December

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.