


# FAITH DIRECT ENROLLMENT FORM

St. Anthony Catholic Parish  
404 N. Ballard  
Wylie, TX 75098

To enroll online, visit  
[www.faithdirect.net](http://www.faithdirect.net)  
and use code: 

TX1018

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

**General Weekly\* Offertory Gift: \$ \_\_\_\_\_**

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

**I participated in my parish's previous eGiving program.**

You may also choose to give to the following collections:

COLLECTION	AMOUNT	MONTH	COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> Building Fund	\$ _____	Monthly	<input type="checkbox"/> Catholic Communications	\$ _____	May
<input type="checkbox"/> Initial Offering	\$ _____	January	<input type="checkbox"/> Peter's Pence	\$ _____	June
<input type="checkbox"/> Mary, Mother of God	\$ _____	January	<input type="checkbox"/> Solidarity of the Church in Africa	\$ _____	July
<input type="checkbox"/> Church in Latin America	\$ _____	February	<input type="checkbox"/> Assumption	\$ _____	August
<input type="checkbox"/> Church in Eastern Europe	\$ _____	February	<input type="checkbox"/> Catholic University	\$ _____	September
<input type="checkbox"/> Black & Indian Missions	\$ _____	March	<input type="checkbox"/> Mission Sunday	\$ _____	October
<input type="checkbox"/> Catholic Relief Services	\$ _____	March	<input type="checkbox"/> All Saints	\$ _____	November
<input type="checkbox"/> Easter Flowers	\$ _____	March	<input type="checkbox"/> All Souls	\$ _____	November
<input type="checkbox"/> Holy Land/Good Friday	\$ _____	April	<input type="checkbox"/> Christmas Flowers	\$ _____	November
<input type="checkbox"/> Easter Sunday (in addition to regular Sunday gift)	\$ _____	April	<input type="checkbox"/> Human Development	\$ _____	December
<input type="checkbox"/> Catholic Home Missions	\$ _____	April	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Catholic Charities	\$ _____	May	<input type="checkbox"/> Retirement for Religious	\$ _____	December
<input type="checkbox"/> Ascension	\$ _____	May	<input type="checkbox"/> Christmas	\$ _____	December

Print Name(s): \_\_\_\_\_ CHURCH ENVELOPE #: \_\_\_\_\_

Full Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Optional: If you would like to receive Offertory Cards to place in the collection basket as a sign of your electronic giving, please provide name as you would like it to appear: (e.g. Smith Family) \_\_\_\_\_

**PAYMENT INFORMATION NEEDED FOR ENROLLMENT**

- 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: \_\_\_\_\_ / \_\_\_\_\_

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:  \_\_\_\_\_ Date: \_\_\_\_\_