

ENROLLMENT FORM



St. Veronica Parish
4473 Mt. Carmel-Tobasco Road
Cincinnati, OH 45244

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

OH221

C



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)*

Weekly Offertory Gift: \$ _____

(Note: The total Weekly Offertory amount will be determined by the number of Sundays in the month. Some months have 5 Sundays.)

Monthly Capital Fund Drive Gift: \$ _____

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"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> St. Vincent de Paul	\$ _____	August
<input type="checkbox"/> Initial Offering	\$ _____	January	<input type="checkbox"/> Assumption of Mary	\$ _____	August
<input type="checkbox"/> St. Vincent de Paul	\$ _____	January	<input type="checkbox"/> Catholic Telegraph		
<input type="checkbox"/> Ash Wednesday	\$ _____	February	(\$24 -optional)	\$ _____	September
<input type="checkbox"/> Holy Land/Good Friday	\$ _____	March	<input type="checkbox"/> Mission Sunday	\$ _____	October
<input type="checkbox"/> Easter Sunday			<input type="checkbox"/> Respect Life Sunday	\$ _____	October
(In addition to regular Sunday gift)	\$ _____	March	<input type="checkbox"/> St. Vincent de Paul	\$ _____	October
<input type="checkbox"/> Catholic Relief Services	\$ _____	May	<input type="checkbox"/> All Saints Day	\$ _____	November
<input type="checkbox"/> Ascension	\$ _____	May	<input type="checkbox"/> Catholic Campaign for		
<input type="checkbox"/> Catholic Mission/Haiti			Human Development	\$ _____	November
(Hands Together)	\$ _____	May	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> St. Vincent de Paul	\$ _____	May	<input type="checkbox"/> Retirement Fund for Religious	\$ _____	December
<input type="checkbox"/> Holy Father/Peter's Pence	\$ _____	June	<input type="checkbox"/> Christmas Offering	\$ _____	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: _____

Church Envelope #: _____

City/State/Zip Code: _____

Telephone: _____ E-mail: _____

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.