


# FAITH DIRECT ENROLLMENT FORM

St. Paul Catholic Church  
8720 Florin Rd.  
Sacramento, CA 95828

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

CA1100

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

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

(\*Note: 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 Communication	\$ _____	May
<input type="checkbox"/> Maintenance Fund			<input type="checkbox"/> Peter's Pence - Holy Father	\$ _____	June
March, June, September, and December - First Sunday	\$ _____	Quarterly	<input type="checkbox"/> Church in Latin America	\$ _____	August
<input type="checkbox"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> Priests Retirement	\$ _____	September
<input type="checkbox"/> Annual Catholic Appeal	\$ _____	February	<input type="checkbox"/> Missionary Cooperative Appeal	\$ _____	September
<input type="checkbox"/> Catholic Relief Services	\$ _____	March	<input type="checkbox"/> World Mission Sunday	\$ _____	October
<input type="checkbox"/> Good Friday (Holy Land)	\$ _____	April	<input type="checkbox"/> Campaign for Human Development	\$ _____	November
<input type="checkbox"/> Easter Sunday (In addition to regular Sunday gift.)	\$ _____	April	<input type="checkbox"/> Christmas	\$ _____	December
<input type="checkbox"/> Catholic Home Missions	\$ _____	April	<input type="checkbox"/> Retirement Fund for Religious	\$ _____	December
<input type="checkbox"/> CRS Rice Bowl	\$ _____	April			

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: \_\_\_\_\_