

ENROLLMENT FORM



St. Ignatius Loyola Church
7810 Cypresswood Drive
Spring, TX 77379

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

TX134



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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

Weekly Offertory contribution: \$ _____

(Note: Your total contribution amount will be debited on the 4th of the month or the next business day. The total Weekly Offertory amount will be determined by the number of Sundays in the month. Some months have 5 Sundays. One-time gifts will be debited in the month following Faith Direct's receipt of your enrollment.)

Amounts indicated for the following **optional** second & special collections will be debited in the month listed as part of the regular monthly transaction.

COLLECTION	AMOUNT	MONTH	COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> Legacy Garden	\$ _____	<i>One-time gift</i>	<input type="checkbox"/> Father's Day Spiritual Bouquet *	\$ _____	June
	\$ _____	<i>Monthly</i>	<input type="checkbox"/> St. Mary's Seminary	\$ _____	June
<input type="checkbox"/> Guatemala Mission Collection	\$ _____	<i>Monthly</i>	<input type="checkbox"/> DSF Make-up	\$ _____	June
Indicate number of payments: _____			<input type="checkbox"/> Peter's Pence	\$ _____	June
<input type="checkbox"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> St. Vincent de Paul Society		
<input type="checkbox"/> Church in Latin America	\$ _____	January	Black Bag Annual Collection	\$ _____	July
<input type="checkbox"/> Archdiocesan Social Ministries			<input type="checkbox"/> Infirm Priests	\$ _____	August
(Ash Wednesday)	\$ _____	February	<input type="checkbox"/> Assumption	\$ _____	August
<input type="checkbox"/> Black & Indian Missions	\$ _____	February	<input type="checkbox"/> Catholic University of America	\$ _____	September
<input type="checkbox"/> Catholic Relief Services	\$ _____	March	<input type="checkbox"/> DSF Make-up	\$ _____	October
<input type="checkbox"/> Easter Spiritual Bouquet *	\$ _____	March/April	<input type="checkbox"/> Propagation of the Faith	\$ _____	October
<input type="checkbox"/> Holy Land (Good Friday)	\$ _____	March/April	<input type="checkbox"/> All Saints Day	\$ _____	November
<input type="checkbox"/> Easter Sunday (Additional gift)	\$ _____	March/April	<input type="checkbox"/> Guatemala Missionary/Catholic Education	\$ _____	November
<input type="checkbox"/> Catholic Home Missions	\$ _____	April	<input type="checkbox"/> Campaign for Human Development	\$ _____	November
<input type="checkbox"/> DSF Make-up	\$ _____	April	<input type="checkbox"/> Christmas Spiritual Bouquet *	\$ _____	December
<input type="checkbox"/> Mother's Day Spiritual Bouquet *	\$ _____	May	<input type="checkbox"/> Retirement Fund for Religious	\$ _____	December
<input type="checkbox"/> Catholic Communications	\$ _____	May	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Ascension	\$ _____	May	<input type="checkbox"/> Christmas Gift	\$ _____	December
			<input type="checkbox"/> End of Year Donation	\$ _____	December

*Please notify the church of the names of your intentions for these collections.

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.