

ENROLLMENT FORM



St. Lorenzo Ruiz Catholic Parish
747 Meadow Pass Road
Walnut, CA 91789

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

CA839

A1



Faith Direct • Attention: Enrollment • 601 S. Washington St. • Alexandria, VA 22314 • 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: \$ _____

or

Monthly Offertory Gift: \$ _____

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

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"/> Maintenance Fund	\$ _____	<i>Monthly</i>	<input type="checkbox"/> National Needs Combined		
<input type="checkbox"/> Together in Mission	\$ _____	<i>February</i>	Collection	\$ _____	<i>July</i>
<input type="checkbox"/> Holy Land	\$ _____	<i>March</i>	<input type="checkbox"/> Catholic Relief Services	\$ _____	<i>August</i>
<input type="checkbox"/> Easter Sunday			<input type="checkbox"/> Cardinal McIntyre Fund	\$ _____	<i>September</i>
(In addition to regular Sunday gift.)	\$ _____	<i>April</i>	<input type="checkbox"/> World Mission Sunday	\$ _____	<i>October</i>
<input type="checkbox"/> Retirement for Archdiocesan			<input type="checkbox"/> Catholic Campaign for		
Priests	\$ _____	<i>June</i>	Human Development	\$ _____	<i>November</i>
<input type="checkbox"/> Mission Coop (Visiting Priest)	\$ _____	<i>June</i>	<input type="checkbox"/> Retirement Fund for		
<input type="checkbox"/> Peter's Pence	\$ _____	<i>July</i>	Religious	\$ _____	<i>December</i>
			<input type="checkbox"/> Christmas	\$ _____	<i>December</i>

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.