

ENROLLMENT FORM



Saint Joseph Church
11757 Old St. Augustine Road
Jacksonville, FL 32258

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

FL423



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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

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

Offertory contribution: \$ _____ Please circle **Weekly*** or **Monthly**

Building Fund & Property Maintenance (monthly gift): \$ _____

School, Parish Debt & Assessments (monthly gift): \$ _____

(*If you choose **Weekly**, the total contribution 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 optional collections listed below as part of the total monthly transaction in the month listed for each.

COLLECTION	AMOUNT	MONTH	COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> Missions Among Black & Native Americans	\$ _____	August
<input type="checkbox"/> Initial Offering	\$ _____	January	<input type="checkbox"/> Assumption	\$ _____	August
<input type="checkbox"/> St. Joseph Catholic School	\$ _____	January	<input type="checkbox"/> Catholic Communications	\$ _____	September
<input type="checkbox"/> Respect Life	\$ _____	January	<input type="checkbox"/> World Mission Sunday/ Propagation of the Faith	\$ _____	October
<input type="checkbox"/> Catholic Relief Services	\$ _____	February	<input type="checkbox"/> All Souls Day -Nov 2 *	\$ _____	October
<input type="checkbox"/> Eastern European Churches	\$ _____	February	<input type="checkbox"/> All Saints Day	\$ _____	November
<input type="checkbox"/> Ash Wednesday	\$ _____	February	<input type="checkbox"/> Catholic Campaign for Human Development	\$ _____	November
<input type="checkbox"/> Easter Flowers *	\$ _____	April	<input type="checkbox"/> Christmas Flowers *	\$ _____	November
<input type="checkbox"/> Holy Shrines	\$ _____	April	<input type="checkbox"/> Retirement Fund for Religious	\$ _____	December
<input type="checkbox"/> Easter Sunday (Additional Sunday gift)	\$ _____	April	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Catholic Home Missions	\$ _____	May	<input type="checkbox"/> Christmas	\$ _____	December
<input type="checkbox"/> Ascension	\$ _____	May			
<input type="checkbox"/> Peter's Pence	\$ _____	June			
<input type="checkbox"/> Special Offering for Missions in Florida & Latin America	\$ _____	July			

* Forms will be available (or call the church) to indicate the names of your dedications 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: _____

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.