

ENROLLMENT FORM



Church Name

St. Thomas More Church
115 Kings Highway
Hauppauge, NY 11788

FOR ONLINE ENROLLMENT
USE CHURCH CODE:

NY227

Faith Direct • Attention: Enrollment • P.O. Box 7101 • Merrifield, VA 22116-7101 • 1-866-507-8757 {toll free} • www.faithdirect.net

Regular Church Support: \$ _____ Weekly or Monthly
(please circle)

Maintenance & Repair: \$ _____ Weekly or Monthly
(please circle)

(Note: Total contribution amount will be debited on the 4th of the month or the next business day. **If you choose Weekly**, 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"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> Father's Day	\$ _____	June
<input type="checkbox"/> Church in Need (Ash Wednesday)	\$ _____	February	<input type="checkbox"/> Assumption of Mary	\$ _____	August
<input type="checkbox"/> Catholic Relief Services	\$ _____	March	<input type="checkbox"/> Catholic University of America	\$ _____	September
<input type="checkbox"/> Holy Lands Collection (Good Friday)	\$ _____	April	<input type="checkbox"/> Special Needs of our Retired Priests	\$ _____	September
<input type="checkbox"/> Easter Sunday (In addition to regular church gift.)	\$ _____	April	<input type="checkbox"/> Respect Life	\$ _____	October
<input type="checkbox"/> Tomorrow's Hope Foundation	\$ _____	April	<input type="checkbox"/> Mission Sunday	\$ _____	October
<input type="checkbox"/> Ascension Thursday	\$ _____	May	<input type="checkbox"/> All Saints' Day	\$ _____	November
<input type="checkbox"/> Catholic Communications	\$ _____	May	<input type="checkbox"/> Catholic Campaign/ Home Missions	\$ _____	November
<input type="checkbox"/> Mother's Day	\$ _____	May	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Religious Retirement Fund	\$ _____	June	<input type="checkbox"/> Christmas	\$ _____	December
<input type="checkbox"/> Peter's Pence (Support of the Holy Father)	\$ _____	June			

I would like to enroll in the Faith Direct program. I understand that my total monthly contribution amount will be transferred directly from my checking account or credit card as stated above, a record of my gifts will appear on my bank or credit 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 Checking Account Debit: Please return this completed form and a voided check to Faith Direct Enrollment.

For Credit Card Debit: Please complete the following... VISA MasterCard American Express Discover

Credit Card #: _____ Expiration Date: _____

Print Name as Appears on Card: _____

Signature: _____

If you have any questions about the Faith Direct program, please contact us at 1-866-507-8757 {toll free} or info@faithdirect.net.