

ENROLLMENT FORM



Saint Lucy Parish
3510 South Ocean Boulevard
Highland Beach, FL 33487

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

FL322



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)

Weekly 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"/> Building Maintenance Fund | \$ _____ | Monthly | <input type="checkbox"/> Catholic Relief Services | \$ _____ | July |
| <input type="checkbox"/> Mary, Mother of God | \$ _____ | January | <input type="checkbox"/> Church in Latin America & Africa | \$ _____ | August |
| <input type="checkbox"/> Catholic School/Preschool Support | \$ _____ | January | <input type="checkbox"/> Respect Life/Migrants | \$ _____ | September |
| <input type="checkbox"/> Ash Wednesday | \$ _____ | February | <input type="checkbox"/> Propagation of the Faith/World Mission Sunday | \$ _____ | October |
| <input type="checkbox"/> Education of Seminarians & Priestly Formation | \$ _____ | March | <input type="checkbox"/> All Saints | \$ _____ | November |
| <input type="checkbox"/> Easter Flowers | \$ _____ | March | <input type="checkbox"/> All Souls | \$ _____ | November |
| <input type="checkbox"/> Holy Thursday | \$ _____ | April | <input type="checkbox"/> Thanksgiving | \$ _____ | November |
| <input type="checkbox"/> Holy Land (Good Friday) | \$ _____ | April | <input type="checkbox"/> Christmas Flowers | \$ _____ | December |
| <input type="checkbox"/> Easter (in addition to weekly gift) | \$ _____ | April | <input type="checkbox"/> Retired Religious | \$ _____ | December |
| <input type="checkbox"/> Peter's Pence | \$ _____ | April | <input type="checkbox"/> Immaculate Conception | \$ _____ | December |
| <input type="checkbox"/> Catholic Communications/ Catholic University | \$ _____ | May | <input type="checkbox"/> Christmas | \$ _____ | December |
| <input type="checkbox"/> Black & Indian /Home Missions | \$ _____ | 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 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.