

# ENROLLMENT FORM



Saint John Maron Church  
300 S. Flower St.  
Orange, CA 92868

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

CA818



A1

Faith Direct · Attention: Enrollment · 601 S. Washington St. · Alexandria, VA 22314 · 1-866-507-8757 {toll free} · [www.faithdirect.net](http://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 **Weekly Offertory** 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 special collections.

The amount indicated will be debited in the month listed as part of the regular monthly transaction.

COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> St. John Maron Parish Religious Sisters Support	\$ _____	Monthly
<input type="checkbox"/> Poor Fund	\$ _____	Monthly
<input type="checkbox"/> Eparchial Charities	\$ _____	March
<input type="checkbox"/> Easter Sunday (In addition to regular Sunday gift)	\$ _____	April
<input type="checkbox"/> Christmas	\$ _____	December

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](mailto:info@faithdirect.net).