

ENROLLMENT FORM



Christ the Good Shepherd
18511 Klein Church Road
Spring, TX 77379-4998

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

TX665



IP

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)

Please circle **Weekly** or **Monthly**:

Offertory Gift: \$ _____

(Note: If you choose **weekly**, the total amount will be determined by the number of Sundays in the month. Some months have 5 Sundays.)

I participated in my parish's previous eGiving program.

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"/> Mary, Mother of God	\$ _____	January	<input type="checkbox"/> Infirm Priests	\$ _____	August
<input type="checkbox"/> Bishop's Fund for Latin America	\$ _____	January	<input type="checkbox"/> Assumption	\$ _____	August
<input type="checkbox"/> Archdiocesan Social Ministries (Ash Wednesday)	\$ _____	February	<input type="checkbox"/> Catholic Univ./Univ. of St. Thomas	\$ _____	September
<input type="checkbox"/> Black & Indian Missions	\$ _____	February	<input type="checkbox"/> Propagation of the Faith	\$ _____	October
<input type="checkbox"/> Catholic Relief Services	\$ _____	March	<input type="checkbox"/> All Saints	\$ _____	November
<input type="checkbox"/> Holy Land (Good Friday)	\$ _____	April	<input type="checkbox"/> Campaign for Human Development	\$ _____	November
<input type="checkbox"/> Easter Sunday (Additional offertory gift)	\$ _____	April	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Catholic Home Missions	\$ _____	April	<input type="checkbox"/> Retirement Fund for Religious (Sisters' Collection)	\$ _____	December
<input type="checkbox"/> Catholic Communications	\$ _____	May	<input type="checkbox"/> Christmas Day	\$ _____	December
<input type="checkbox"/> Peter's Pence (Holy Father's Charities)	\$ _____	June			
<input type="checkbox"/> St. Vincent de Paul Society Black Bag Annual Collection	\$ _____	July			

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.