

ENROLLMENT FORM



Church Name

The Parish of St. Agnes Cathedral
29 Quealy Place
Rockville Centre, NY 11570

FOR ONLINE ENROLLMENT
USE CHURCH CODE:

NY239

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

Weekly Offertory contribution: \$ _____

(Note: Total contribution amount will be debited on the 4th of the month or the next business day. 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"/> Air Conditioning Costs	\$ _____	July
<input type="checkbox"/> Support <i>The Long Island Catholic</i>	\$ _____	January	<input type="checkbox"/> Assumption	\$ _____	August
<input type="checkbox"/> Fuel Costs	\$ _____	January	<input type="checkbox"/> Catholic University	\$ _____	September
<input type="checkbox"/> Church in Need	\$ _____	February	<input type="checkbox"/> Priests' Retirement	\$ _____	September
<input type="checkbox"/> Catholic Relief Services	\$ _____	March	<input type="checkbox"/> Respect Life	\$ _____	October
<input type="checkbox"/> Catholic Ministries Appeal	\$ _____	March	<input type="checkbox"/> World Missions	\$ _____	October
<input type="checkbox"/> Holy Land	\$ _____	April	<input type="checkbox"/> All Saints	\$ _____	November
<input type="checkbox"/> Easter Sunday	\$ _____	April	<input type="checkbox"/> All Souls	\$ _____	November
(In addition to regular Sunday gift)	\$ _____	April	<input type="checkbox"/> Campaign for Human Development	\$ _____	November
<input type="checkbox"/> Catholic Elementary Schools	\$ _____	April	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Ascension	\$ _____	May	<input type="checkbox"/> Christmas	\$ _____	December
<input type="checkbox"/> Mother's Day*	\$ _____	May			
<input type="checkbox"/> Communications	\$ _____	May			
<input type="checkbox"/> Religious Retirement	\$ _____	June			
<input type="checkbox"/> Father's Day*	\$ _____	June			
<input type="checkbox"/> Peter's Pence	\$ _____	June			

* Please notify the church of 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 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: _____

Parishioner Name(s): (please print) _____

Street Address: _____

Church Envelope #: _____

City/State/Zip Code: _____

Telephone: _____ E-mail: _____

Name as you would like it to appear on Offertory Cards: _____

To set up access to your account online, call *Faith Direct* at 1-866-507-8757 {toll-free}.

For Checking Account Debit: Please return your completed form and a copy of your voided check to *Faith Direct* Enrollment.

For Credit Card Debit: Please complete the following credit card information then return to *Faith Direct* Enrollment. (Please print.)

Type of Credit Card: 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.