


# FAITH DIRECT ENROLLMENT FORM

St. Clare of Assisi Parish  
17111 West Bell Road  
Surprise, AZ 85374-2984

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To enroll online, visit  
[www.faithdirect.net](http://www.faithdirect.net)  
and use code: 

AZ1084

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 of Weekly Offertory will be processed once a month and determined by the number of weeks (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 collections:

COLLECTIONS	AMOUNT	MONTH	COLLECTIONS	AMOUNT	MONTH
<input type="checkbox"/> Loan Repayment	\$ _____	Monthly	<input type="checkbox"/> Easter Sunday (*In addition to regular Sunday gift)	\$ _____	April
<input type="checkbox"/> Building Fund	\$ _____	Monthly	<input type="checkbox"/> Christmas	\$ _____	December
<input type="checkbox"/> Disciples Registration	\$ _____	Monthly			
<input type="checkbox"/> Edge Youth	\$ _____	Monthly			
<input type="checkbox"/> Life Teen	\$ _____	Monthly			
<input type="checkbox"/> Pews	\$ _____	Monthly			

Print Name(s): \_\_\_\_\_ CHURCH ENVELOPE #: \_\_\_\_\_

Full Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  cell  home E-mail: \_\_\_\_\_

Optional: If you would like to receive Offertory Cards to place in the collection basket as a sign of your electronic giving, please provide name as you would like it to appear: (e.g. Smith Family) \_\_\_\_\_

## PAYMENT INFORMATION NEEDED FOR ENROLLMENT

- 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: \_\_\_\_\_ / \_\_\_\_\_

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:  \_\_\_\_\_ Date: \_\_\_\_\_