

# ENROLLMENT FORM



Sacred Heart Catholic Church  
201 St. Mary's Avenue  
LaPlata, MD 20646

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

**MD244**

A3



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

**Weekly Offertory Gift: \$** \_\_\_\_\_

*(Note: Your gifts will be processed on the 4th or the next business day of each month. 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 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"/> Maintenance Fund	\$ _____	Monthly	<input type="checkbox"/> Assumption	\$ _____	August
<input type="checkbox"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> Catholic Communications/ Human Development	\$ _____	August
<input type="checkbox"/> Church Missions within the United States	\$ _____	January	<input type="checkbox"/> Catholic University	\$ _____	September
<input type="checkbox"/> Churches in the Developing Word	\$ _____	February	<input type="checkbox"/> World Missions/Propagation of the Faith	\$ _____	October
<input type="checkbox"/> Holy Land/Good Friday	\$ _____	March	<input type="checkbox"/> All Saints	\$ _____	November
<input type="checkbox"/> Easter Sunday (In addition to regular Sunday gift.)	\$ _____	March	<input type="checkbox"/> Archdiocesan Priests' Retirement	\$ _____	November
<input type="checkbox"/> Catholic Relief Services	\$ _____	May	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Ascension	\$ _____	May	<input type="checkbox"/> Retired Religious Fund	\$ _____	December
<input type="checkbox"/> Holy Father	\$ _____	June	<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.