

ENROLLMENT FORM



Cathedral of the Holy Spirit
519 Raymond Street
Bismarck, ND 58501

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

ND645

IP



Faith Direct · Attention: Enrollment · 601 S. Washington St. · Alexandria, VA 22314 · 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)

Weekly Offertory Gift: \$ _____

(Note: 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 Holy Day 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"/> Assumption	\$ _____	August
<input type="checkbox"/> Black & Indian Missions	\$ _____	February	<input type="checkbox"/> Catholic Home Missions	\$ _____	September
<input type="checkbox"/> Operation Rice Bowl	\$ _____	March	<input type="checkbox"/> World Mission Sunday	\$ _____	October
<input type="checkbox"/> African Mission Appeal	\$ _____	March	<input type="checkbox"/> All Saints Day	\$ _____	November
<input type="checkbox"/> Holy Land (Good Friday)	\$ _____	March	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> God's Share Appeal	\$ _____	May	<input type="checkbox"/> Retirement Fund for Religious	\$ _____	December
<input type="checkbox"/> Collection for the 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.