ENROLLMENT FORM



St. Helen 2085 Tallahassee Avenue Vero Beach, FL 32960

To enroll online, use code below or scan here:

FL683

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Patta Direct · Attention: Enforment	· P.O. DOX /101	· Michailleau,	VA 22116-7101 · 1- 866 -507-8757 {toll free}	·www.jaitiiaii	ett.net
Process my gifts on the: 4th or 15th of the month (please check only one box)					
(Note: The total amount will be determined by the number of					
Weekly Offertory Gift: \$ 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 collection as part of the regular monthly transaction.					
COLLECTION	AMOUNT	MONTH	COLLECTION	AMOUNT	MONTH
☐ Parish Outreach	S	Monthly	☐ Peter's Pence	\$	April
☐ Debt Reduction	\$	Monthly	☐ Catholic Communications		
☐ Building Fund	\$	Monthly	and Catholic University	\$	May
☐ St. Helen School	\$	Monthly	☐ Ascension	\$	May
☐ Music Ministry	\$	Monthly	☐ Black & Indian Missions		
☐ Youth on a Mission	\$	Monthly	and Home Missions		June
☐ Tuition Assistance	\$	Monthly	☐ Catholic Relief Services	\$	July
☐ Solemnity of Mary	\$	January	☐ Church in Latin America & Africa	\$	August
☐ Catholic Education Support	\$	January	□ Assumption	\$	August
☐ The Samaritan Center	\$	February	☐ Respect Life/Migrants	\$	September
☐ Ash Wednesday	\$	February	☐ World Mission Sunday	2	October
☐ Diocesan Services Appeal	\$	February	☐ All Saints	\$	November
Education of Seminarians			☐ Campaign for Human Development	\$	November
and Priestly Formation	\$	March	☐ Thanksgiving	\$	November
☐ Holy Thursday	\$	April	☐ Immaculate Conception	\$	December
☐ Holy Land (Good Friday)	\$	April	☐ Retired Religious Fund	\$	December
☐ Easter Sunday			☐ Christmas	S	December
(In addition to regular Sunday gift.)	\$	April			
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 I	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.					
$If you choose to enroll by \textit{mail}, you can contact Faith \textit{Direct at } 1-866-507-8757 \ \{toll-free\} \ to \textit{ set up online access to your account.}$					
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 USA USA 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.					