


FAITH DIRECT ENROLLMENT FORM

St. Leo Parish
24 Roxbury Rd
Stamford, CT 06902

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To enroll online, visit
www.faithdirect.net
and use code: 

CT1101

Process my gifts on the: 4th or 15th of the month (please check only one box)

Offertory Gift: \$ _____

Frequency: Weekly* or Monthly

**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.*

You may also choose to give to the following collections:

PARISH COLLECTIONS	AMOUNT	MONTH
<input type="checkbox"/> Solemnity of Mary	\$ _____	January
<input type="checkbox"/> Ash Wednesday	\$ _____	February
<input type="checkbox"/> Easter Flowers	\$ _____	March
<input type="checkbox"/> Special Lenten Collection*	\$ _____	March
<input type="checkbox"/> Holy Thursday	\$ _____	April
<input type="checkbox"/> Easter Sunday (in addition to regular Sunday gift)	\$ _____	April
<input type="checkbox"/> Ascension	\$ _____	May
<input type="checkbox"/> Mother's Day Mass	\$ _____	May
<input type="checkbox"/> Father's Day Mass	\$ _____	June
<input type="checkbox"/> Assumption	\$ _____	August
<input type="checkbox"/> Annual Parish Collection	\$ _____	October
<input type="checkbox"/> All Souls Day Mass	\$ _____	November
<input type="checkbox"/> All Saints	\$ _____	November
<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Christmas Flowers	\$ _____	December
<input type="checkbox"/> Christmas	\$ _____	December

DIOCESAN COLLECTIONS	AMOUNT	MONTH
<input type="checkbox"/> Latin America	\$ _____	January
<input type="checkbox"/> Catholic Relief Services	\$ _____	March
<input type="checkbox"/> Catholic Home Missions	\$ _____	April
<input type="checkbox"/> Holy Land	\$ _____	April
<input type="checkbox"/> Catholic Communications	\$ _____	May
<input type="checkbox"/> Peter's Pence	\$ _____	June
<input type="checkbox"/> Missionary Co-op	\$ _____	July
<input type="checkbox"/> Catholic University of America	\$ _____	September
<input type="checkbox"/> World Mission Sunday	\$ _____	October
<input type="checkbox"/> Retired Priests Funds	\$ _____	November
<input type="checkbox"/> Religious Retirement Fund	\$ _____	December

**The Special Lenten Collection gift will be the total amount deducted to cover the entirety of weekends in the Lenten Season.*

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: _____