

ENROLLMENT FORM



Christ the King Catholic Church
8005 Dorset Drive
Oklahoma City, OK 73120

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

OK550



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 total Offertory gift amount will be determined by the number of Sundays in the month. Some months have 5 Sundays.)

Process my gifts: on the 4th of the month on the 15th of the month
(please check only one box) in two payments split equally between the 4th & the 15th of the month

You may also choose to give to the optional collections listed below as part of the total monthly transaction in the month listed for each.

MONTHLY COLLECTIONS

- Capital Improvement \$ _____ Monthly
- Family-to-Family (Peru) \$ _____ Monthly
- School Annual Fund \$ _____ Monthly
- Poor Box \$ _____ Monthly

Endowment Fund:

- 1. Parish Buildings \$ _____ Monthly
- 2. Parish Family Center \$ _____ Monthly
- 3. Education \$ _____ Monthly
- 4. School \$ _____ Monthly

ANNUAL COLLECTIONS

St. Lawrence Ministry (5th Sunday collection): \$ _____ May '16 \$ _____ July '16 \$ _____ October '16 \$ _____ January '17

COLLECTION

- | COLLECTION | AMOUNT | MONTH |
|---|----------|---------|
| <input type="checkbox"/> Solemnity of Mary | \$ _____ | January |
| <input type="checkbox"/> Coffee & Donuts | \$ _____ | January |
| <input type="checkbox"/> Ash Wednesday | \$ _____ | March |
| <input type="checkbox"/> Easter Flowers * | \$ _____ | March |
| <input type="checkbox"/> Black & Indian Missions | \$ _____ | March |
| <input type="checkbox"/> Catholic Relief Services | \$ _____ | April |
| <input type="checkbox"/> Holy Thursday | \$ _____ | April |
| <input type="checkbox"/> Holy Land (Good Friday) | \$ _____ | April |
| <input type="checkbox"/> Easter Sunday | \$ _____ | April |
| <input type="checkbox"/> Catholic Home Missions | \$ _____ | April |
| <input type="checkbox"/> Birth Choice | \$ _____ | May |
| <input type="checkbox"/> Ascension | \$ _____ | May |
| <input type="checkbox"/> Priests' Medical Fund | \$ _____ | May |
| <input type="checkbox"/> Peter's Pence | \$ _____ | June |

COLLECTION

- | COLLECTION | AMOUNT | MONTH |
|--|----------|----------|
| <input type="checkbox"/> Catholic Communications | \$ _____ | July |
| <input type="checkbox"/> Funeral Dinners | \$ _____ | July |
| <input type="checkbox"/> Peru Mission | \$ _____ | August |
| <input type="checkbox"/> Assumption | \$ _____ | August |
| <input type="checkbox"/> Catholic University | \$ _____ | August |
| <input type="checkbox"/> Mission Sunday | \$ _____ | October |
| <input type="checkbox"/> All Saints Day | \$ _____ | November |
| <input type="checkbox"/> Human Development | \$ _____ | November |
| <input type="checkbox"/> Christmas Flowers* | \$ _____ | November |
| <input type="checkbox"/> Immaculate Conception | \$ _____ | December |
| <input type="checkbox"/> Retirement Fund for Religious | \$ _____ | December |
| <input type="checkbox"/> Christmas | \$ _____ | December |

* Call the parish office if you would like to indicate the names of your dedications/intentions for these collections.

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 Envelope #: _____

City/State/Zip Code: _____

Telephone: _____ E-mail: _____

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.