

# ENROLLMENT FORM



Church Name

St. Nicholas Catholic Church  
707 St. Nicholas Drive  
North Pole, AK 99705

FOR ONLINE ENROLLMENT  
USE CHURCH CODE:

AK237

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: Total contribution amount will be debited on the 4th of the month or the next business day. 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 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"/> Building Fund	\$ _____	Monthly	<input type="checkbox"/> Father's Day Spiritual Remembrance*	\$ _____	June
<input type="checkbox"/> Ash Wednesday	\$ _____	February	<input type="checkbox"/> All Souls Day*	\$ _____	October
<input type="checkbox"/> Easter Flowers*	\$ _____	March/April	<input type="checkbox"/> Christmas Flowers*	\$ _____	December
<input type="checkbox"/> Easter Sunday (In addition to regular Sunday gift)	\$ _____	March/April	<input type="checkbox"/> Christmas	\$ _____	December
<input type="checkbox"/> Mother's Day Spiritual Remembrance*	\$ _____	May	* Please call the church at 907-488-2595 or email <a href="mailto:stnicks@acsalaska.net">stnicks@acsalaska.net</a> with the names of your 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 checking account or credit card as stated above, a record of my gifts will appear on my bank or credit 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: \_\_\_\_\_

Parishioner Name(s): (please print) \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Name as you would like it to appear on Offertory Cards: \_\_\_\_\_

Church Envelope #: \_\_\_\_\_

To set up access to your account online, call Faith Direct at 1-866-507-8757 {toll-free}.

**For Checking Account Debit:** Please return your completed form and a copy of your voided check to Faith Direct Enrollment.

**For Credit Card Debit:** Please complete the following credit card information then return to Faith Direct Enrollment. (Please print.)

Type of Credit Card:  VISA  MasterCard  American Express  Discover

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Print Name as Appears on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

If you have any questions about the Faith Direct program, please contact us at 1-866-507-8757 {toll free} or [info@faithdirect.net](mailto:info@faithdirect.net).