

CREDIT CARD AUTHORIZATION AGREEMENT

IMPORTANT Payment Options:

The Neveh Shalom Board of Directors requires that all fees paid monthly **MUST** be paid by credit card or by ACH (auto withdrawal) from your bank account. Otherwise all fees must be paid annually or semi annually.

To use your credit card, please fill out and return the form below which authorizes the synagogue to charge your account.

Member ID # _____ Date _____

Payment Method: VISA _____ MASTER CARD _____ DISCOVER _____ CCV2 _____ (3 digit code)

Credit Card # _____ Expiration Date _____

Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

- | | | | | |
|--|--|---|--------------------------------------|--|
| <input type="checkbox"/> Charge Monthly | <input type="checkbox"/> Semi-Annual | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Annual July | <input type="checkbox"/> Charge one time |
| <input type="checkbox"/> All outstanding monthly charges | <input type="checkbox"/> July & Jan.
<input type="checkbox"/> July & Dec. | <input type="checkbox"/> (July, Oct., Jan. & April) | | |

Authorized Charges – Apply to another Account # _____

- | | | |
|---|--------------|---------------|
| <input type="checkbox"/> Membership Dues | Notes: _____ | Amount: _____ |
| <input type="checkbox"/> Annual Giving Campaign | Notes: _____ | Amount: _____ |
| <input type="checkbox"/> Building Fund | Notes: _____ | Amount: _____ |
| <input type="checkbox"/> ALIYAH | Notes: _____ | Amount: _____ |
| <input type="checkbox"/> Foundation School | Notes: _____ | Amount: _____ |
| <input type="checkbox"/> Capital Campaign | Notes: _____ | Amount: _____ |
| <input type="checkbox"/> Other | Notes: _____ | Amount: _____ |

TOTAL Amount: _____

Signature: _____

Unless this box is checked, 2% card processing fee will be added

Staff initials _____