

CONGREGATION BETH SHALOM

Credit Card Authorization Form

Member Information:

Name: _____

Address: _____

Telephone: _____

Credit Card Type { } VISA { } MasterCard

Credit Card Number: _____

Expiration Date: _____

Name as it appears on the Credit Card: _____

Total Amount to Charge: \$ _____

The above charges are a one time charge { } YES { } NO

Please bill my credit card for \$ _____ now and the remaining obligations as follows:

{ } 2 equal payments { } 3 equal payments { } 10 equal payments

{ } other Explain: _____

Apply to:

Dues: _____

Building Fund: _____

Operation Crossroads: _____

Religious School Books & Supplies: _____

Religious School Tuition: _____

AlefBet Preschool: _____

Other (Explain): _____

I authorize Congregation Beth Shalom to charge my credit card for the amount(s) specified above.

Authorized Signature

Date

Congregation Beth Shalom will not give refunds of assigned charge permissions. Signing individual remains liable for charges, pledges, and other billable amounts due to Congregation Beth Shalom in the event charges are declined.

Office/Forms/CreditCard Authorization

For Office Use Only
<input type="checkbox"/> _____ July
<input type="checkbox"/> _____ August
<input type="checkbox"/> _____ September
<input type="checkbox"/> _____ October
<input type="checkbox"/> _____ November
<input type="checkbox"/> _____ December
<input type="checkbox"/> _____ January
<input type="checkbox"/> _____ February
<input type="checkbox"/> _____ March
<input type="checkbox"/> _____ April
<input type="checkbox"/> _____ May
<input type="checkbox"/> _____ June
Auth # _____ Date _____