

Congregation Bet Haverim **Credit Card Contract Authorization**

Fiscal Year July 2019 - June 2020

Please submit this form to provide us accurate credit card information, in accord with your 2019 – 2020 Partnership Pledge Form. Please see the section at the **bottom** to add the card number, the expiration date and the CVV code. (CBH does not keep your credit card information on file and it needs to be provided annually.)

2019-2020 Partnership Commitment:

2019-2020 Pledge \$ _____

L’Dor v’Dor Campus Maintenance Fee \$ 250

Other: \$ _____

Total Partnership Commitment \$ _____

Less Initial Payment..... (\$ _____)

Remaining Balance..... \$ _____

- I authorize CBH to charge my credit card the initial payment of \$_____.
- CBH is charged approximately 3% per transaction by the credit card processor.
By checking this box, I agree to a one-time voluntary donation of 3% of my Total Partnership Commitment to help offset this credit card processing fee, in the amount of \$_____ .

I wish to have my credit card charged as follows for the remaining balance of my contribution above (please **check one** selection):

- Monthly (total amount divided by the number of months remaining through June 2020)
- Quarterly (first payment processed upon receipt of form, then in October, January, and April)
- Semi-annually (first half processed upon receipt of form; second half processed in December)
- Annually (one payment processed upon receipt of form)

Please **charge my card on** the (choose one): **1st** of the month *OR* **15th** of the month

Special instructions: _____

I authorize Congregation Bet Haverim to charge my credit card according to the instructions above:

Name on card (Please print): _____

Email Address: _____

Cardholder Signature: _____ Date: _____

Card Last 4 digits _____ Card Expiration Date _____

xx and Shred Below after Data Entry xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Card Number _____ CVV Code: _____
(*Visa, MC, Discover, AmEx* only) (Back of Card)