Congregation Bet Haverim

**Partnership** **Credit Card Contract Authorization**

Fiscal Year July 2023 - June 2024

Please submit this form to set up credit card payments, in accord with your 2023 – 2024 Partnership Pledge Form. CBH does not keep your credit card information on file, and it needs to be provided every new Fiscal Year.

**2023-2024 Partnership Commitment**:

2023-2024 Pledge $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

L’Dor v’Dor Campus Maintenance Fee $\_\_ \_\_**275.00\_\_**

Security Fee $\_\_ \_\_**360.00\_\_**

***Total Partnership Commitment*** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Less Initial Payment paid by another method* ($\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Commitment Total To be Paid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

3.5% Processing Fee $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total to be paid by Credit Card** **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I request that my credit card be charged per the payment schedule below for the remaining balance of my contribution plus the additional processing fee (please **check one** selection):

🞐 Monthly installments completed before June 15, 2024

🞐 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: 🞏 **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Card Last 4 digits Card Expiration Date

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx Shred below after data entry xxxxxxxxxxxxxxxxxxxxxxxxx

Card Number CVV Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(***Visa,******MC, Discover, AmEx***only) (Back of Card)