Congregation Bet Haverim

**Education & Youth** **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 Education and Youth Program Enrollment. CBH does not keep your credit card information on file, and it needs to be provided every new Fiscal Year.

**2023-2024 Education & Youth Enrollment**

Religious School $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hebrew School $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teen DRTY Program $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirmation/Keshet $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Total Education & Youth Enrollment*** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*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 **May 15, 2024**

🞐 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)