

Last Name _____

Initial Charge Date _____

Congregation Bet Haverim

Education & Youth Credit Card Contract Authorization

Fiscal Year July 2024 – May 2025

Please submit this form to set up credit card payments, in accord with your 2024 – 2025 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.

2024-2025 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, 2025
- 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

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx Shred below after data entry xxxxxxxxxxxxxxxxxxxxxxxxxxxx

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