

CONGREGATION HAR SHALOM 2017-2018 AUTOMATIC PAYMENT AUTHORIZATION FORM

| Har Shalom Account #: | Telephone #: |
|---|--|
| Name: | |
| Street: | |
| City:, | , State: Zip Code: |
| I authorize: | |
| ☐ An immediate one-time payment o | of \$ |
| ☐ A one-time payment of \$ | on the following date// |
| ☐ Monthly dues (and/or tuition) pays | ments per synagogue policy |
| Credit Card (A | AND DEBIT CARD) PAYMENTS |
| | ll Be Charged For All Credit Card Transactions. vm Fee Is \$1.00 Per Transaction. |
| □VISA □MasterCard Name on Card | d: |
| Card Number # | Expiration: / CID: |
| Authorization: I hereby give permission indicated above. | to Congregation Har Shalom to charge this card as |
| Authorized Signatur | re Date |
| | NIC DEBITS (E-CHECKS) O FEE ASSOCIATED) |
| IF YOU ARE AUTHORIZING PAYMENT FROM A | A CHECKING ACCOUNT, PLEASE ATTACH A VOIDED CHECK. |
| Bank Account type: ☐ Checking ☐ Bu | usiness Checking |
| Bank Name: | |
| ABA Routing Number: | ancial institution associated with your bank account and is printed |
| Bank Account Number: | |
| | to Congregation Har Shalom to use the bank account |
| Authorized Signatur | re Date |