

CONGREGATION HAR SHALOM
AUTOMATIC PAYMENT AUTHORIZATION FORM

Name _____ Telephone # _____

Street _____

City _____ State _____ Zip Code _____

I authorize:

An immediate one-time payment of \$ _____
(pay in full by September 3rd and the convenience fee of 2.5% is waived)

A one-time payment of \$ _____ on the following date ____/____/____

Monthly dues (and/or tuition) payments per synagogue policy

ELECTRONIC DEBITS (E-CHECKS)

(NO FEE ASSOCIATED)

IF YOU ARE AUTHORIZING PAYMENT FROM A **CHECKING ACCOUNT**, PLEASE ATTACH A **VOIDED CHECK**

Bank Account type Checking Business Checking

Bank Name _____

ABA Routing Number _____

This is a nine-digit number that identifies the financial institution associated with your bank account and is printed on the bottom left corner of your checks.

Bank Account Number _____

Authorization: I hereby give permission to Congregation Har Shalom to use the bank account information provided as indicated above.

Authorized Signature

Date

CREDIT CARD (AND DEBIT CARD) PAYMENTS

***NOTE: A 2.5% convenience FEE WILL BE CHARGED FOR ALL CREDIT CARD TRANSACTIONS.
MINIMUM FEE IS \$1.00 PER TRANSACTION.***

VISA MasterCard Name on Card _____

Card Number # _____ Expiration ____/____ CID _____

Authorization: I hereby give permission to Congregation Har Shalom to charge this card as indicated above.

Authorized Signature

Date