

CREDIT CARD / DEBIT CARD AUTHORIZATION

To: Temple Beth Israel ~ 3601 W. Dempster Street ~ Skokie, Illinois 60076

From: (name) _____
(daytime phone number) _____
(address with zip code) _____
(email address) _____

~~~~~  
You are hereby authorized to process the following credit card / debit card transaction:

**Credit Card / Debit Card Type:** \_\_\_ Visa \_\_\_ Master Card \_\_\_ Discover

|                      |                |
|----------------------|----------------|
| Card Number:         |                |
| Expiration Date:     | Security Code: |
| Name on Credit Card: |                |

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I understand that TBI cannot charge a fee for using a credit card or debit card. However, TBI can offer a discount for payments by cash, check or Automated Clearing House (ACH) withdrawal. Therefore, TBI has approved 3% increase in all fees and Temple Fund donations and a 3% discount for payment by cash, check or ACH withdrawal. Please note that all statements reflect the appropriate amounts, net of the 3% discount.

TOTAL AMOUNT TO BE PAID: \$ _____

I authorize the TOTAL AMOUNT TO BE PAID to be paid in the following manner:

CHECK ONE: ___ ONCE ___ MONTHLY ___ QUARTERLY

If this authorization is MONTHLY or QUARTERLY, I authorize TBI to keep my account information on file and continue processing transactions until the TOTAL AMOUNT TO BE PAID has been paid in full. If this authorization is ONCE, I authorize TBI to destroy my account information. In the event of a declined charge or debit, my account will be charged a \$25.00 service fee for each occurrence.

(signature)

(date)

(SEE OVER FOR ACH WITHDRAWAL AUTHORIZATION)

AUTOMATED CLEARING HOUSE (ACH)
WITHDRAWAL AUTHORIZATION

To: Temple Beth Israel ~ 3601 W. Dempster Street ~ Skokie, Illinois 60076

From: (name) _____
(daytime phone number) _____
(address with zip code) _____
(email address) _____

~~~~~  
**ACH Withdrawal from:**    \_\_\_ Checking    \_\_\_ Savings

|                                    |
|------------------------------------|
| Bank Routing Number (nine digits): |
| Account Number:                    |
| Name(s) on Account:                |

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TOTAL AMOUNT TO BE PAID: \$ _____

I authorize the TOTAL AMOUNT TO BE PAID to be paid in the following manner:

CHECK ONE: ___ ONCE ___ MONTHLY ___ QUARTERLY

If this authorization is MONTHLY or QUARTERLY, I authorize TBI to keep my account information on file and continue processing transactions until the TOTAL AMOUNT TO BE PAID has been paid in full. If this authorization is ONCE, I authorize TBI to destroy my account information. In the event of a returned ACH, my account will be charged a \$25.00 service fee for each occurrence.

This authorization is to remain in full force and effect until TBI has received written notification from me of its termination in such time and ins such manner as to afford and TBI's bank reasonable opportunity to act upon it.

(signature)

(date)

PLEASE SUBMIT VOIDED CHECK IF POSSIBLE

(SEE OVER FOR CREDIT CARD/DEBIT CARD AUTHORIZATION)