

Daniel Dorsch
Rabbi

Shalom Lewis
Rabbi Emeritus

Martin Gilbert
Executive Director

Credit Card Authorization Form

This form will be kept on file and will expire one year from the date of the signature.

Student Name: _____

Parent/Guardian: _____

Address: _____

Phone: _____

Email: _____

Please circle one: VISA MASTERCARD AMERICAN EXPRESS

Name as it appears on the card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

I authorize Congregation Etz Chaim to charge my credit card for the following fees and understand that there is an additional 2.5% processing fee:

- Religious School book fees for my child(ren).
- When paying monthly, should there be a lapse of more than 30 days in tuition payment I authorize Congregation Etz Chaim to charge my credit card for the amount owed.

If I am paying monthly, I understand and acknowledge that this credit card authorization form must be completed and returned to Congregation Etz Chaim before my child's registration for Religious School can be confirmed.

Authorized Signature

Date