

Temple Beth-El Credit Card Authorization Form

Temple Beth-El offers secure and convenient automatic recurring credit card processing for Dues, Perfect Sense and Donations. In compliance with Federal and Banking rules, and for your protection, we are requiring this form to be completed, signed and returned to the Finance Office. Please be assured that your information below is kept in a confidential and secure location, accessible only by the Finance Office. Please return form to Finance Office to insure this confidentiality.

Credit Card Type	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/>
Credit Card Number	
Expiration Date	
CVV Code	3 digits on the back of the card
Name on Card	
Billing Address	
City, State & Zip	
Phone	
Email	

Please select all that apply	Dues Billing – Monthly <input type="checkbox"/> Amount \$ _____ Start Date _____ # of payments _____ Dues Billing – Quarterly <input type="checkbox"/> Amount \$ _____ Start Date _____ Perfect Sense <input type="checkbox"/> Amount \$ _____ Date _____ Donations - As Instructed <input type="checkbox"/> Other <input type="checkbox"/> Amount \$ _____ Payment for _____
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As an authorized signer/account holder on the account listed above, I authorize Temple Beth-El to process scheduled and/or periodic charges to this credit card account. In order to cancel or modify this agreement, including a credit card account number change, another form will be completed. In the event that I wish to cancel this authorization, I will provide a written notice to Temple Beth-El within thirty (30) days prior to the effective date of the change or cancellation.

Authorized Signature _____ Date _____