

2018-2019 / 5779 Temple Chayai Shalom Payment Selection Form

Member's name(s): _____

Email: _____

Section 1 – Payment Frequency – choose one option

- 1 annual payment – due by July 31st
- 4 quarterly payments – due on last business day of the month in July, October, January and April
- 10 monthly payments – due on last business day of each month starting with July and ending with April
- 12 monthly payments – due on last business day of each month starting with July and ending with June

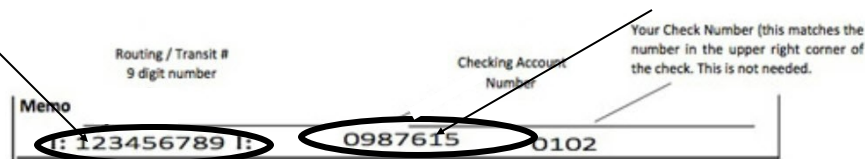
Section 2 – Form of Payment – choose one option

ACH Debit (automatic checking account transfer) - payment will be automatically withdrawn from your checking account by the last day of the month.

(There is no charge for this.)

Bank Name _____ Bank Phone _____

Routing Number _____ Checking Account Number _____



Please go to Section 3 - ACH Authorization Next

Personal Checks – due by the last business day of the month in the temple office

Electronic Bill Pay / Online Banking - must be received electronically by the last business day of the month

Credit or Debit Card – we will submit your card for payment on the last business day of the month **(Please Note This Change: a 3% convenience fee will be charged.)**

Visa MasterCard American Express Discover

Card Holder's Name _____ Acct Number _____

Expiration Date _____ CVV Number _____ Zip Code _____

Please go to Section 3 - Credit Card Authorization Next

Section 3 – ACH Authorization

I authorize Temple Chayai Shalom to submit an **ACH** Transaction to my bank account . I agree that this authority will remain in effect until I submit a written notice to terminate my authorization.

Date _____ Name of Member (please print) _____

Signature of Checking Account Holder _____

Telephone _____ Email _____

Section 3 – Credit Card Authorization

I authorize Temple Chayai Shalom to submit a charge to my **credit card** account. I agree that this authority will remain in effect until I submit a written notice to terminate my authorization

Date _____ Name of Member (please print) _____

Signature of Credit Card Holder _____

Telephone _____ Email _____