



TEMPLE CHAYAI SHALOM

239 DEPOT STREET - SOUTH EASTON MA 02375

PAYMENT SELECTION FORM

Member Name: _____

MEMBER DUES / TUITION ACKNOWLEDGEMENT

I/We _____ accept and acknowledge the fees for our annual commitment and SULAM tuition to Temple Chayai Shalom for the 2019/20 Fiscal Year are \$ _____. We agree to make payments as authorized below until our obligations are paid.

Member Signature _____ Date _____

Section 1 - Payment Frequency - please choose one option

- | | |
|---|---|
| <input type="checkbox"/> 1 Annual Payment
due by July 31st | <input type="checkbox"/> 10 Monthly Payments
due by last business day July - April |
| <input type="checkbox"/> 4 Quarterly Payments
due 7/31, 10/31, 1/31 and 4/30 | <input type="checkbox"/> 12 Monthly Payments
due by last business day July - June |

Section 2 - Form of Payment - please choose one option

- PERSONAL CHECKS** – payments must be received by the last business day of each month.
- ELECTRONIC BILL PAY / ONLINE BANKING** – payments must be received by the last business day of each month.
- CREDIT OR DEBIT CARD** – your card will be charged monthly as indicated below.

I _____ authorize **TEMPLE CHAYAI SHALOM** to charge \$ _____ to the credit card below on the _____ of each month for payment of my obligations.

_____ Debit Card (No charge for this service) _____ Credit Card (3% convenience fee will be charged)

Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____ Exp. Date _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Cardholder – Please Sign and Date

SIGNATURE _____ DATE _____

SEE REVERSE SIDE FOR MORE OPTIONS

Section 2 - Form of Payment – (Cont'd)

ACH Debit (automatic checking account transfer) - payment will be automatically withdrawn

I _____ authorize **TEMPLE CHAYAI SHALOM** to debit \$ _____ the bank account indicated below on the _____ of each month for payment of my obligations.

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Account Type: Checking/Savings

Name on Acct _____

Bank Name _____

Bank Routing # _____

Account Number _____

Bank City/State _____



Terms and Conditions: I understand and agree that any and all changes in my account information, including requests to terminate this agreement, must be in writing and be delivered to Temple Chayai Shalom, at the above address, at least 21 days prior to the next due date. If the payment due date falls on a weekend or holiday, I understand and agree that the payment may be executed on the next business day. I understand and agree that as this is an electronic transaction, adequate funds must be available for withdrawal next business day. I understand and agree that as this is an electronic transaction, adequate funds must be available for withdrawal from my account by the payment due date. In the case of an ACH transaction being rejected for Non Sufficient Funds (NSF), submission error, or other bank related return reasons I understand and agree that Temple Chayai Shalom may at its discretion resubmit the ACH debit transaction within thirty (30) days. I understand and agree that, in accordance with the loan documents, a 10% late charge will be assessed if the amount due is not received in good and collected funds by the end of the grace period. I also understand and agree that a return item charge may be assessed for each returned ACH debit. I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law and agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ DATE _____