

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) _____

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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)