



Shalom Lewis  
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## 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

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:**

One time fee of \_\_\_\_\_ to be charged on \_\_\_\_\_.

All fees associated with my account (snack & book fees) with prior notice sent home (circle one):

VIA EMAIL

IN WRITING

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date