



Shalom Lewis
Rabbi

Daniel Dorsch
Rabbi

Martin Gilbert
Executive Director

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