

Congregation B'nai Shalom

בני שלום



Congregation B'nai Shalom Commitment Payment Authorization Form

Name: _____

Please indicate payment method:

- One payment, enclosed with this form
 Two payments, one half enclosed, one half due December 31*
 Monthly debits with a “catch-up” first payment if first payment is not June 10*
 Monthly debits spread out over the number of remaining months in the fiscal year*

Please debit my account on the 10th of the month 20th of the month

*Brotherhood and Sisterhood payments should be made in full with the first payment.

Automatic Bank Draft Authorization (drawn on the 10th of the month)

Name on Account _____

Bank Name _____

Bank Routing Number _____

Bank Account Number _____

Please enclose a voided check as well.

Amount of payment \$ _____

I authorize my bank to debit my account as identified above to the terms stated here. This authorization shall remain in effect until the Service Provider and bank receives written notification from me of intent to terminate at such time and in such manner as to afford the Service Provider and bank reasonable opportunity to act (Minimum 30 days). I understand that if the total amount owed to the Service Provider is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed the Service Provider is paid off, or unless the plan is terminated earlier by me as above. I understand any added amounts can be applied for with a new ACH Debit Authorization Form. All other changes such as payment amount, frequency, bank account number change, will require a new ACH Debit Payment Authorization Form to be filled out and submitted to Merchant 15 days prior to any change being implemented. I understand that this payment plan may be canceled by the Service Provider or Merchant due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of \$25.00 (or the amount allowable by law), which may be automatically debited for each NSF. I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider, the bank, and Merchant harmless from damage, loss or claim resulting from all authorized actions hereunder.

Signature _____

Date: _____

April 2018