

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account or charged to your Visa or MasterCard. Complete and sign this form and fax back to 206-350-6811 or mail to Island Synagogue at 8685 SE 47th St, Mercer Island, WA 98040

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating collection calls

Here's How Recurring Payments Work:

You authorize regularly scheduled payments to be made from your checking/savings account or charges to your credit card. You will automatically be charged the amount indicated below each billing period. You agree that no prior-notification will be provided.

Please complete the information below:

I (we) _____ authorize Island Synagogue to Debit my Checking/Savings
(full name)

Account or Charge my Credit Card indicated below for \$_____ on or around the 10th calendar day of each month for payment of my Dues, Security Fee and/or Building Pledges. I (we) understand this does not cover other miscellaneous pledges or donations made throughout the year.

Apply this amount to: _____

ACH Debit Bank Account

Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Please attach a voided check (recommended)

No fees to use this service

Charge to Credit Card

Visa MasterCard

Credit Card # _____

Exp. Date _____

Security Code _____

Cardholder Name _____

Billing Address _____

City, State, Zip _____

Phone# _____

Email _____

Convenience fee applies

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Island Synagogue in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Island Synagogue may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.