

MasterCard & Visa Authorization

Please print all information clearly

Member Name
Name on Credit Card
Billing Address
Card Type:MCVisa Card #
Expiration Date CCV Code
Purpose of Payment
Dues Payment Options:
☐ Payment in Full(amount)
□ 10 monthly payments of \$ starting on and ending on
4 quarterly payments of \$ (July, October, January, April but no later than April 30, 2021)
☐ Two payments of \$ starting on Second payment (6 months later but no
later than April 30,2021)
By signing below I authorize Town & Village Conservative Synagogue to keep the above information on file. This credit card may be used for future charges, including Hebrew School tuition, events and future dues.
We understand the convenience of paying your financial commitment to T&V via credit card. In order that T&V receive the full value of your credit card payments, we ask you to consider a 3% voluntary contribution to T&V for this convenience.
\square By checking here I agree to be charged 3% of the amount for each credit card use.
Signature Date
The completed form may be mailed to the synagogue office: 334 East 14 Street, New York, NY 10003
If you have any questions about the credit card authorization form, please email the Executive Director at

Execdirector@tandv,org