



2021-2022 Membership Payment Options

*Return this form to the B'nai Israel office by **August 6, 2021***

Member Family Name: _____ Total pledge: \$ _____

My one-time payment and pledge for the Security Fund for 2010-2022 is (optional): \$ _____

Choose Your Payment Plan

- Pay in Full** – Payment due immediately
- Multi-Pay** – Payments spread evenly in monthly installments from current date through June 2022
- Two-Pay** – 50% of annual obligation due immediately with remaining balance due December 15, 2021
- Quarterly** – Payments due in July, October, January, and April

Choose Your Payment Method

- Self-Pay** – Submit your payment to the office online, by mail, in person, or by phone. Please note that payments are due by the 15th of each month, with final payment received on or before June 15, 2022.

- Automatic Bank Draft** (debited on the 20th of each month)

Routing Number: _____ Account Number: _____

- Automatic Credit Card Authorization** (debited on the 15th of each month, unless another date is specified)

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ / _____ Security Code: _____ Billing Zip: _____

To assist with the fees imposed for use of major credit cards, we ask that you voluntarily add a 2.7% fee to your transaction. The fee will apply to each transaction, depending on your payment plan.

Yes No

Please circle yes or no to add this fee.

For Automatic Payments:

I understand this authorization will be in effect indefinitely or until I notify Congregation B'nai Israel that I no longer desire this service, allowing reasonable time to act on my notification. I understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account. I have the right to stop payment of a debit entry by notifying CBI before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount credited to my account within 15 business days provided I have given CBI written notification. In the event that my card is declined, I will notify the office within 15 business days to make payment and update my information.

Signature: _____

Date: ____ / ____ / ____