



Beth Emeth Bais Yehuda Synagogue

Payment: Visa Mastercard AMEX Cheque enclosed

Credit Card Authorization Form 2023-2024

Member's Name: _____

Mailing Address: _____ City: _____ Postal: _____

Phone NO: (_____) _____ Email: _____

Card no: ____/____/____/____ Expiry Date: ____/____ CVV: _____

Name on Card: _____

Number of Payments: _____

Day	Month	Year	Amount	Office only:	
				Entered	Processed

Total \$: _____

Member Signature _____ Date _____

Please Note: Maximum of 10 payments - starting at time of renewal and ending no later than **May 31, 2024**
There is a 2% charge for using credit cards.