



CREDIT CARD AUTHORIZATION FORM

NAME ON THE CARD: _____

BILLING ADDRESS: _____
(street address)

CITY, STATE, ZIP: _____

EMAIL ADDRESS: _____

TELEPHONE: _____

TOTAL CREDIT CARD PAYMENT: _____

PAYMENT DETAILS: _____

(school tuition, membership,
other items – provide specific
information)

PAYMENT SCHEDULE		
Payment date (on/about the first of the month):	Payment amount:	Payment is for / comments:

I hereby authorize Temple Sinai to receive payment.

CREDIT CARD NUMBER

VISA MASTERCARD AMEX

VALIDATION CODE

EXPIRATION DATE

I understand and acknowledge that it is my responsibility to notify Temple Sinai in writing immediately if my financial institution and/or account information changes. If my financial institution does not honor and authorized payment, I am responsible for payment plus a \$15 service charge in addition to any other service fees charged by my financial institution.

I agree to honor the above payment plan in order to satisfy my financial participation to Temple Sinai.

SIGNATURE

DATE



AUTOMATED BANK ACCOUNT WITHDRAWAL (ACH) FINANCIAL PARTICIPATION FORM

WHAT IS ACH AND HOW MUCH DOES IT COST?

ACH provides you with the ease and convenience of having your financial participation paid automatically from your checking or savings account. Temple Sinai imposes no charge for this service. Payments rejected by your financial institution will incur a \$25 fee.

HOW DO I SIGN UP?

Complete the ACH Authorization Form below and either a) email the form to akopido@templesinaibc.org, b) mail it to A. Kopido at Temple Sinai, 1 Engle Street, Tenafly, NJ 07670 or c) fax it to A. Kopido at 201.568.6095.

AUTOMATED CLEARING HOUSE (ACH) AUTHORIZATION FORM

ACCOUNT HOLDER INFORMATION				
ACCOUNT HOLDER NAME	ACCOUNT HOLDER DBA NAME (if business account)	ACCOUNT HOLDER PHONE		
EMAIL ADDRESS	STREET ADDRESS	CITY	STATE	ZIP
ACCOUNT HOLDER INFORMATION				
PLEASE ATTACH A CHECK MARKED "VOID"	ACCOUNT HOLDER'S BANK NAME	BRANCH CITY	STATE	ZIP
	<input type="checkbox"/> BUSINESS CHECKING <input type="checkbox"/> PERSONAL CHECKING <input type="checkbox"/> SAVINGS			
	HOW TO FIND YOUR ROUTING AND ACCOUNT NUMBER OF A CHECK:			
	BANK ROUTING NUMBER (9 DIGITS)	BANK ACCOUNT NUMBER		
TRANSACTION INFORMATION:				
YOU MUST SELECT AN OPTION OR THE FORM WILL BE RETURNED UNPROCESSED	Temple obligations including membership, building fund (if applicable), security fee, religious school, etc.			
	<input type="checkbox"/> MEMBERSHIP PAYMENT OPTION ONE – ONE YEARLY PAYMENT ON JULY 1			
	<input type="checkbox"/> MEMBERSHIP PAYMENT OPTION TWO – THREE PAYMENTS: SEPT 1, 20 ____; NOV. 1, 20 ____; AND JAN. 1, 20 ____			
	<input type="checkbox"/> RELIGIOUS SCHOOL PAYMENTS – ONE YEARLY PAYMENT ON JULY 1			
<input type="checkbox"/> OTHER PAYMENTS AND SPECIAL ARRANGEMENTS: MONTHLY PAYMENT OF \$ ____ BEGINNING ____ (enter date) AND ENDING ____ (enter date) WHICH EQUALS A TOTAL AMOUNT OF \$ ____				
AUTHORIZATION:				
The undersigned hereby authorizes Temple Sinai to electronically draft via the Automated Clearing House system the amounts indicated above from the account identified above. This authority will continue until withdrawn in writing by the undersigned account holder. The Undersigned hereby certifies that they are duly authorized to execute this form on behalf of the above listed account holder. I acknowledge that I am subject to a \$25 fee if items are returned for insufficient funds.				
SIGNATURE OF ACCOUNT HOLDER	NAME/ TITLE OF ACCOUNT HOLDER			DATE