

A REFORM CONGREGATION

288 N. Roscoe Blvd. Ponte Vedra Beach, FL 32082 904-273-9100

Credit Card Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard or American Express card. You will be charged each billing period for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided.

A 3% processing fee is added to all charges.

SIGNATURE

Please complete the information below:		
	ze Beth El-The Beaches Synagogue to charge my credit card * for payment of my outstanding dues and fees.	
Billing Address	Phone#	
City, State, Zip	Email	
* Beth El fiscal year begins on July 1		
Account Type:	asterCard	
Cardholder Name		
Account Number		
Expiration Date		
CVV (3 digit number on back of Visa/Mo Billing Zip Code	C, 4 digits on front of AMEX)	

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

DATE