



## Credit Card Charge Authorization Form

NAME: \_\_\_\_\_  
Print your name as it appears on the credit card

BILLING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

MASTERCARD VISA AMERICAN EXPRESS DISCOVER (Please circle)

ACCOUNT #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ / \_\_\_\_\_

CARD ID NUMBER : \_\_\_\_\_ (for Mastercard, Visa & Discover: the last 3 digits on the BACK of your card; for American Express: the 4 digits on the FRONT above the end of your card number)

I hereby authorize Beth El Synagogue to charge my credit card account

in the amount of \$ \_\_\_\_\_ plus 3% (convenience fee to help defray the cost of credit card processing ):

\$ \_\_\_\_\_ = \$ \_\_\_\_\_

**For Office Use Only**

APPLY PAYMENT TO: ACCOUNT OR SPECIFIC CHARGES (please indicate here or on your monthly statement)

OR I authorize the following INSTALLMENT PAYMENTS (a 3% convenience fee will be added):

Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount

\_\_\_\_\_  
SIGNATURE REQUIRED

\_\_\_\_\_  
DATE