

Congregation Beth Elohim

Date Submitted: ____/____/____

274 Garfield Place • Brooklyn, NY 11215
Tel: (718) 768-3814 Fax: (718) 768-7414
e-mail: businessoffice@cbebk.org

CREDIT CARD PAYMENT FORM

This form is enclosed if you desire to make payments using the following credit cards – MasterCard, Visa, Discover or American Express. By using this form, you authorize payment of dues and/or fees on either a single, quarterly or monthly basis for the items checked below. Please fill out the credit card information below and check off the items you wish to pay. This form is necessary for all credit card payments.

I/We plan to pay the following dues and/or fees to Congregation Beth Elohim with the credit card indicated below. Please charge the amount(s) due for each of the authorized items.

Each item is paid in the numerical order listed below. All payments will be applied in numerical order, until the item is paid in full, before applying to the next item in order.

CHECK ALL THAT APPLY

- (1) MEMBERSHIP
- (2) YACHAD
- (3) A.R.Z.A. Supporting Reform Judaism in Israel
- (4) ANNUAL FUND
- (5) BAR/BAT MITZVAH FEES
- (6) SPECIAL CONTRIBUTIONS
- (7) YIZKOR BOOKLET
- (8) OTHER

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card #: ____/____/____/____ Expiration Date: ____/____/____ Security Code* _____

* 3 DIGITS ON BACK OF VISA, MASTERCARD OR DISCOVER / 4 DIGITS ON FRONT OF AMERICAN EXPRESS. WE CANNOT PROCESS YOUR PAYMENTS WITHOUT THIS NUMBER.

Cardholder _____ Signature _____

(PLEASE PRINT LEGIBLY)

Address: _____ City _____ State _____ Zip _____

Email Address: _____ Home Tel: ____-____-____ Business Tel: ____-____-____

PLEASE CHECK PAYMENT OPTION. ALL PAYMENT OPTIONS WILL END IN THE CURRENT FISCAL YEAR.

(CBE FISCAL YEAR BEGINS JULY 1ST AND ENDS JUNE 30TH)

- One payment ____/____/____
Date
- Quarterly: beginning ____/____/____
____/____/____
____/____/____
____6____/____30____/____
- Monthly: beginning ____/____/____

I/We understand that it is my /our responsibility to contact CBE in the eventuality that the card is lost, stolen or changed by the issuing bank. Fee will be waived provided that notification has been made to the CBE Business Office. Additional fees: \$30.00 fee will be charged each time a card is declined and \$10.00 for each payment date change.

CBE reserves the right to change fees for credit card usage.