

**CREDIT CARD PAYMENT AUTHORIZATION**

To pay by Visa or MasterCard, please return this completed form to the office with your Synagogue invoice or Hebrew School registration.

I authorize Beit Rayim Synagogue and School to process the following payment (s) on my credit card.

**NOTE:** 3% administrative fee will be applied to payments made using credit card.

Please check the box that applies:

Synagogue Dues

School Registration

Please indicate how many payments you wish to make:

One payment

Post-dated

Other (please provide details)

Please check the box that applies: Visa

MasterCard

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiry: \_\_\_\_/\_\_\_\_ Name on Card: \_\_\_\_\_ (please print)

Family Name: \_\_\_\_\_ (please print)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

For office use only

Payment Date: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Invoice #: \_\_\_\_\_