



PAYMENT AUTHORIZATION

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)
I understand that there is a 3% administration charge on all on my credit card payments.

Please check the box that applies:

Synagogue Dues

School Registration

Please indicate how many payments you wish to make:

One payment

Post-dated (please provide details)

Please check the box that applies: Visa MasterCard Cheque(s)
(please make cheques payable to Beit Rayim Synagogue and School)

Card #: _____ - _____ - _____ - _____

Expiry: ____/____ Name on Card: _____ (please print)

Family Name: _____ (please print)

Phone: _____ Email: _____

Authorizing Signature: _____

For office use only

Payment Date: _____ Payment Amount: _____

Invoice #: _____
