

TEMPLE SINAI of BERGEN COUNTY

Credit Card Financial Participation Form

Date _____

Name (print) _____

Billing address (number and street) _____

City _____ State _____ Zip _____

E-mail address _____ Telephone # _____

Last 4 digits of credit card _____

Payment Schedule				
Payment date (on/about the first of the month)	Payment amount	Additional 3% credit card convenience fee	Total Payment including convenience fee	Payment is for / comments

Please notify us immediately if your credit card information changes.

Payment Schedule Terms and Conditions:

I agree to the Payment Plan identified herein.

If my financial institution does not honor an authorized payment, I understand that I am responsible for payment plus a Temple Sinai service charge of \$25 in addition to any fees charged by my financial institution. I understand that it is my responsibility to notify Temple Sinai in writing immediately if my financial institution and or account information changes.

Signature _____ Date _____

To help protect your information, the following information must be completed below:

I authorize payment to Temple Sinai using the following credit card account:

Name (print) _____

Billing address (number and street) _____ Zip Code _____

Visa MasterCard AMEX Credit Card # _____

Validation (CCV) code _____
(3 digits for Visa or MC; 4 digits for Amex) Exp Date _____