



Credit Card Authorization Form

Name on the card _____

Billing address (street address) _____

City, State, Zip _____

E-mail address _____

Telephone _____

Total credit card payment \$ _____

Payment details (school tuition, membership, other items – provide specific information) _____

I hereby authorize Temple Sinai to receive payment.

Type of credit card Visa MasterCard AmEx

Validation Code _____ Expiration Date _____

I understand and acknowledge that it is my responsibility to notify Temple Sinai in writing immediately if my financial institution and/or account information changes. If my financial institution does not honor an authorized payment, I am responsible for payment plus a \$15 service charge in addition to any other service fees charged by my financial institution.

I agree to honor the above payment plan in order to satisfy my financial participation to Temple Sinai.

Signature: _____ Date _____